

**GROUP DAY CARE AND SCHOOL AGE CHILD CARE**  
**CHILD'S FACE SHEET / ENROLLMENT FORM**

Program: Corner Co-op Nursery School

Group Day Care   X   School Age Care

Child's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Skin Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_

Telephone: \_\_\_\_\_ Gender: \_\_\_\_\_ Weight: \_\_\_\_\_

Start Date: \_\_\_\_\_ Age at Start Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

Allergies / special diets: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Hours: \_\_\_\_\_ Business Hours: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Child's Physician / Clinic: \_\_\_\_\_  
(name) (address) (phone)

Chronic health conditions: \_\_\_\_\_

Special limitations or concerns: \_\_\_\_\_

School Age only: School: \_\_\_\_\_ Address: \_\_\_\_\_

I certify that documentation of physical examination and immunizations in accordance with public school health requirements, and lead poisoning screening in accordance with public health requirements, are on file at my child's school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_