

Date of Enrollment _____

Age at Admission _____

**Sterling YMCA Children's Enrichment Center
Child's Face Sheet/Enrollment Form**

CHILD INFORMATION

Child's name _____ Primary Language _____

Home Address _____ Telephone _____

Date of Birth _____ Place of Birth _____

E-Mail Address _____ City/Town _____

Child's Identifying Information (required by the Department of Early Education and Care regulations)

Eye Color _____ Hair Color _____ Skin Color _____ Sex _____

Height _____ Weight _____

Identifying Marks _____

Allergies _____

CHILD CARE INFORMATION

Select the type and days of child care needed:

___ Full Day Care ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

___ Half Day Care ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____

Relationship to child _____

Street Address _____

City, State, Zip _____

Telephone number _____

Cell phone number _____

E-Mail Address _____

Employer _____

Business Address _____

Business Telephone _____

Hours at work _____

Parent/Guardian Name _____

Relationship to child _____

Street Address _____

City, State, Zip _____

Telephone number _____

Cell phone number _____

E-Mail Address _____

Employer _____

Business Address _____

Business Telephone _____

Hours at work _____

If parents cannot be contacted, notify the following people (include names on emergency release form).

Name _____

Address _____

Relationship to child _____

Daytime phone _____

Others in family _____

Child's Physician/Clinic _____

Name _____

Address _____

Relationship to child _____

Daytime phone _____

Others in family _____

Parent/Guardian Signature

Date