

Rockland Montessori Academy For Young Learners

CHILD'S FACE SHEET/ENROLLMENT FORM

Child's Name: _____

Date of Birth: _____ Place of Birth (City) _____

Home Address: _____ City _____ Zip _____

Telephone: _____ Primary Language _____

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

Eye Color: _____ Hair Color: _____ Skin Color: _____ Sex: _____

Height: _____ Weight: _____ Identifying Marks: _____

Allergies: _____

PARENT/GUARDIAN INFORMATION:

Name: _____ Name: _____

Relationship to Child: _____ Relationship to Child: _____

Home Address: _____ Home Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Occupation: _____ Occupation: _____

Business Name: _____ Business Name: _____

Business Address: _____ Business Address: _____

Phone: _____ Hours _____ Phone: _____ Hours: _____

If parents cannot be contacted, notify: (You must list at least two names, NOT parents; include on emergency release form)

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Relationship to Child: _____ Relationship to Child: _____

Others in family _____

Child's Physician/Clinic _____ Phone _____

Parent/Guardian Signature _____ Date _____