



## Enrollment/Face Sheet

Child's Name: \_\_\_\_\_ Nickname (if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home #: \_\_\_\_\_

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

### Family Information

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

Sibling(s):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Work Information

Father's Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_ Work #: \_\_\_\_\_

Company Address: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Company Name: \_\_\_\_\_ Work #: \_\_\_\_\_

### Health Information

Child's Physician/Clinic: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Allergies/Special Diets: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

Special Limitations or Concerns: \_\_\_\_\_

### Identifying Information

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Identifying Marks (if any): \_\_\_\_\_

*I understand that all above information will remain in the Little Halos Day School database. Our family name, address, telephone numbers and email addresses will only be distributed to other families in the Little Halos Day School community and will not be shared with any third parties.*

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only:**

Date of Admission: \_\_\_\_\_

Age at Admission: \_\_\_\_\_

Primary Language: \_\_\_\_\_