

# *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: \_\_\_\_\_

Business /Occupation: \_\_\_\_\_ Business/Occupation: \_\_\_\_\_

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