



The Commonwealth of Massachusetts
 Department of Early Education and Care

Child's Enrollment Form

Child Information:

Child Name	Date of Birth
Age at Admission to Program	Date of Admission to Program
Child's Home Address	Identifying Marks
Home Phone	Eye Color
Gender	Hair Color
Height	Skin Color
Weight	Primary Language

Parent/Guardian Information:

Parent/Guardian Name	Parent/Guardian Name
Relationship to Child	Relationship to Child
Address	Address
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone
Email	Email
Business Name	Business Name
Business Address	Business Address
Hours at Work	Hours at Work



