

Crystal Garden Children's Learning Center, Inc.  
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## CHILD ENROLLMENT FORM

### Child Information

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age at Admission: \_\_\_\_\_ Date of Admission: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Skin Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### Parent /Guardian Information:

Parent/Guardian Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Reachable Phone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_

Business Phone#: \_\_\_\_\_ Hours at work: \_\_\_\_\_

**Additional Information:**

Child's Physician: \_\_\_\_\_ Tel: # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Allergies/Special Diets? \_\_\_\_\_

Individual Health Plan for child with a chronic health condition? If yes, please complete or attach: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Copies of any custody agreements, court orders, and restraining orders pertaining to the child? If yes. Please attach: \_\_\_\_\_

**School Age Only:**

Current School: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_

School Tel.# \_\_\_\_\_

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_