



87 Edgell Rd.  
Framingham, MA 01701  
508-875-1001  
Director.phns@gmail.com

For Office Use Only

Room # \_\_\_\_\_ 2,3,4, or 5 days  
Age \_\_\_\_\_ (as of **Sept 1, 2021**)  
Alumni Status \_\_\_\_\_  
Computer Entry Made on \_\_\_\_\_

Check the Session you are interested in:

\_\_\_\_\_ Monday  
\_\_\_\_\_ Tuesday  
\_\_\_\_\_ Wednesday  
\_\_\_\_\_ Thursday  
\_\_\_\_\_ Friday

**CHILD'S FACE SHEET/ENROLLMENT FORM**  
**ENROLLMENT YEAR 2021-2022**

CHILD INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Age at Admission: \_\_\_\_\_ Date of Admission: \_\_\_\_\_  
Child's Home Address: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Primary Language: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_  
Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_  
Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Name & Age of Siblings: \_\_\_\_\_

PARENT GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Reachable Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone Number: \_\_\_\_\_  
Hours at Work: \_\_\_\_\_



87 Edgell Rd.  
Framingham, MA 01701  
508-875-1001  
Director.phns@gmail.com

Parent/Guardian Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Reachable Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone Number: \_\_\_\_\_  
Hours at Work: \_\_\_\_\_

#### ADDITIONAL INFORMATION

Child's Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Allergies/Special Diets? \_\_\_\_\_  
Individual Health Plan for a chronic health condition? If yes please speak to Director. \_\_\_\_\_  
Copies of any custody agreements, court orders and restraining orders pertaining to the child? If yes please attach. \_\_\_\_\_  
Special limitations or concerns? \_\_\_\_\_

I, \_\_\_\_\_, understand that the \$125 registration fee submitted along with this application is non-refundable and is not a guarantee that my child is enrolled for the Fall of 2021. My child will be enrolled for the school year upon submission of a signed contract and a deposit for the month of June 2022.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date