



EST 1959

87 Edgell Rd.
Framingham, MA 01701
508-875-1001
PHNS50@verizon.net

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: _____



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EMAIL

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