

Enrollment Form

First Years Academy

Date of Admission _____

Child's name: _____ Birth Date _____ eye color _____

skin color _____ Hair color _____ Height _____ Weight _____ Sex _____

Identifying Marks: _____ Age at admission _____

Primary Language: _____

Address: _____

Home Phone _____

Parent/ Guardian Information:

Parent/Guardian name: _____ relationship _____

Home address _____ Phone _____

Business Name: _____

Occupation _____ Work Hours: _____

Address: _____

Do you have Full Custody or Shared Custody*

Parent/Guardian name: _____ relationship _____

Home address _____ Phone _____

Business Name: _____

Occupation _____ Work Hours: _____

Address: _____

Do you have Full Custody or Shared Custody*

*If you have legal documents preventing someone from picking up your child you will need to bring me a copy otherwise I have no legal right to stop them from taking your child from school, if they are listed on any paperwork. All I can do is call you and you contact the local authorities.

SCHOOL AGE ONLY

Current School: _____ Address _____

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

Parent/Guardian signature _____ date _____

