



CHILD'S ENROLLMENT FORM/COVER SHEET

(Required by Massachusetts OCCS)

Clinton Path Preschool • 15 St. Paul Street, Brookline, MA 02446 • www.clintonpath.com • Tel: 617.731.8415

Child's Name: _____ Date of Birth: _____

Home Address: _____

Telephone: _____ Gender: _____

Date of Admission: _____ Age at Admission: _____

Eye Color: _____ Skin Color: _____ Hair Color: _____

Height: _____ Weight: _____ Primary Language(s): _____

Identifying Marks: _____

Allergies or Special Diet: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian #1: _____

Parent/Guardian #2: _____

Relationship to Child: _____

Relationship to Child: _____

Home Address: _____

Home Address: _____

Home Phone: _____

Home Phone: _____

Business Name: _____

Business Name: _____

Business Address: _____

Business Address: _____

Bus. Phone: _____

Bus. Phone: _____

Days/Hours at Work: _____

Days/Hours at Work: _____

Cell Phone: _____

Cell Phone: _____

Email Address: _____

Email Address: _____

ADDITIONAL INFORMATION:

Child's Physician/Clinic: _____

Chronic Health Conditions: _____

Special Limitations or Concerns: _____

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