

Sibling _____

Face Sheet/Enrollment Form St.Dir.Perm: _____ Website Permission: _____

FName: _____ LName: _____ Sex: _____ Pix: _____

PrimLang: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Beeper: _____

Mother's Cell: _____ Father's Cell: _____

DOB: _____ Place of Birth: _____ Right/Left: _____

Doctor: _____ Dr. Address: _____

Dr. Phone: _____

Spec. Info: _____

Toilet Trained: _____ Private Email _____

Father: _____ Mother: _____

Father Work: _____ Mother Work: _____

Fa. Wk. Ph #: _____ Mo. Wk. Ph #: _____

Siblings: _____

First School Attended: _____ Previous: _____

Who Recommended: _____

Why Chose TCS: _____

Publicity Photos: _____ Take Walks: _____ # Yrs _____ Tuition: _____

NYMon: _____ NYWed: _____ NYFri: _____ NYI: _____

NYTu: _____ NYTh: _____ NYTeacher: _____ NYELD: _____ Ref: _____

Mon: _____ Wed: _____ Fri: _____ EA,L,LD: _____

Tues: _____ Thurs: _____ Class: _____ Lunch _____ AM/PM/All: _____

Phys. Date: _____ Immun: _____ Allergies: _____

Med. Exp: _____

Lead: _____

Appl Date: _____ AL: _____ Reg: _____ FIP: _____ Recd PH: _____

Adm. Date: _____ SB&JB: _____ Ledger Card _____ Rolodex: _____ Recd EC _____

Contract: _____ Dev.Hist.: _____ Emerg.Hosp: _____ First Aid: _____ Child Release: _____