

Date of Admission _____
Age at Admission _____



**PLEASE
ATTACH
RECENT
PHOTO**

THE CAROUSEL SCHOOL
66 Brewster Road - Waltham, MA 02451
(781) 893-1503 - Contact@carouselschool.org
www.carouselschool.org

FACE SHEET/ENROLLMENT FORM

Child's Information:

Child's Name _____ Nickname _____
Primary Language _____ If not English, does your child understand/speak English? _____
Street Address _____ City _____ Zip _____
Home Telephone () _____ Beeper () _____
Mother's Cell Phone () _____ Father's Cell Phone () _____
Date of Birth _____ Place of Birth _____
Child's Physician/Clinic _____
Address _____ Tel. No. () _____
Identifying Information (required by the Office for Child Care Regulations)
Eye Color _____ Hair Color _____ Sex _____ Height _____
Weight _____ Skin Color _____ Right handed _____ Left Handed _____
Identifying Marks _____
Any special information (allergies, habits, sleep patterns, likes/dislikes, fears, divorce, deaths, etc.) _____
Is your child toilet trained? _____ Email address _____

Parent/Guardian Information:

Parents' Names:
Father _____ Mother's Maiden _____
Home Address _____ Home Address _____
City _____ Zip _____ City _____ Zip _____
Home Telephone No. () _____ Home Telephone No. () _____
Name of Business _____ Name of Business _____
Address _____ Address _____
Tel. No. () _____ Tel. No. () _____
Occupation _____ Hrs. at Work _____ Occupation _____ Hrs. at Work _____
Siblings in Family/Date of Birth
_____/_____
_____/_____

If Parents Cannot Be Contacted, Notify: (include names on Emergency Release Form)
Name _____ Relationship _____
Address _____ Tel. No. () _____
Name _____ Relationship _____
Address _____ Tel. No. () _____
Is this the first school attended? _____ Previous _____
Name/Address of person recommending Carousel to you _____

What influenced you to choose Carousel _____
I give permission for my child to have photos taken for publicity Yes No
I give permission for my child to take neighborhood walks Yes No

PLEASE CIRCLE DAYS ATTENDING: MWF TT AM (9-11:45) PM (12:30-3) 9-1 ALL DAY _____

First Choice: _____ Parent's Signature _____
Second Choice: _____ Date _____