

Child's Enrollment Form

Child Information

Child's Name:	Date of Birth:
Age at Admission:	Date of Admission:
Grade: School	
Child's Home Address:	
Home Phone Number:	
Eye Color: Hair Color:	
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:	
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:F	Phone Number:	
Allergies/Special Diets?		
Individual Health Plan for child with a chronic health condition attach.	on? Yes / No If yes, please	
Individual Education Plan for child? Yes / No If yes, p	please provide that information.	
*J Adventure is proud to team up with New England Yachad, the local chapter of the National Jewish Council for Disabilities, to offer inclusion services to children. For more information about our Buddies Program, please contact Youth Director, Ashley Corcoran.		
Copies of any custody agreements, court orders, and restraining orders pertaining to the child? If yes, please attach.		
Special limitations or concerns?		
Health Information I certify that documentation of physical examination and important personal health requirements and lead reignating agrees		
public school health requirements and lead poisoning scree health requirements are on file at my child's school.		