

The CHILD Project Enrollment Form

Please have parent/guardian complete the below information before enrollment.

First Name _____ Middle Initial _____
Last Name _____

Street Address _____
City or Town _____ State _____ Zip _____

Home Phone: _____

Alternate/Emergency Phone: _____

Email Address (optional): _____

Gender: Circle One M F

Date of Birth: Month _____ Day _____ Year _____

Height: _____' _____"

Weight _____ lbs.

Hair Color: Circle One
Bald, Black, Blonde, Brown, Gray, Red, Sandy, White, Unknown, Blue, Green, Orange,
Pink, and Purple.

Eye Color: Circle One
Black, Blue, Brown, Gray, Green, Hazel, Maroon, Multicolored, Pink, and Unknown.

Physical Characteristics (optional):
The physical characteristics data entry field is optional. Entering information regarding
characteristics such as scars and birthmarks is recommended.

Parent/Guardian Name: _____

Other Parent/Guardian Name: _____

Parent/Guardian Signature: _____

