

Child Fingerprint Enrollment Form

First Name: _____ **MI:** _____ **Last Name:** _____

Nickname: _____

Social Security Number: _____ - _____ - _____

Date of Birth (month/day/year): _____

Place of Birth: _____

Street Address: _____

City: _____ **State:** _____

Zip: _____ **Child's Phone:** _____

Name of Parent/ LegalGuardian: _____

Gender: (Please circle only one.) **Female** **Male**

Race: (Please circle only one.)

Asian Black Hispanic Native American Unknown Caucasian

Eye Color: (Please circle only one.)

Black Blue Brown Green Gray Hazel Maroon Multicolored
Pink Unknown

Hair Color: (Please circle only one.)

Bald Black Blonde/Strawberry Blue Brown Green Gray or Partially Gray
Orange Purple Pink Red/Auburn Sandy White Unknown

Height: **Feet:** _____ **Inches:** _____

Weight: _____

Special Marks: _____

Child's Doctor: _____ **Phone Number:** _____

Doctor's City and State: _____

Medical Needs? (Circle) **YES** **NO**

Additional Medical Needs: _____

Child's Dentist: _____ **Phone Number:** _____

Dentist's City and State: _____

Known Clubs/Associations: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Please make sure that all information about your child is returned to you prior to leaving

Fingerprint Technology provided by Cross Match Technologies, Inc, a proud sponsor of the National Center for Missing and Exploited Children (NCMEC)