



100 YEARS - CELEBRATING TOMORROW'S HISTORY TODAY



OKLAHOMA ASSOCIATION of OPTOMETRIC PHYSICIANS

## **CHILD Project Enrollment Form**

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

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Address

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: \_\_\_\_\_