



## PERSONAL INFORMATION

NAME (LAST NAME, FIRST NAME, MIDDLE NAME)		NICKNAME	AGE
ADDRESS		CONTACT NUMBERS (in case of emergency)	
CITIZENSHIP	RELIGION	BIRTHDAY	
PASSPORT NUMBER (FOREIGN STUDENTS)	ACR NUMBER (F.S.)	EXPIRATION DATE	

## MEDICAL INFORMATION

Allergies (food, environment, etc.)	Medical Condition/s
Procedures related to medical condition Teachers need to know about	

## INTERESTS OF THE CHILD

Favorite Activities to do	Favorite Channel/s
Favorite Character/s	Favorite Food
Child's First Known Language <input type="checkbox"/> English <input type="checkbox"/> Filipino <input type="checkbox"/> Both             Others _____	

## FAMILY BACKGROUND

NAME OF FATHER	MOBILE NUMBER	NATURE OF WORK
EMAIL ADDRESS	OFFICE NUMBER	

NAME OF MOTHER	MOBILE NUMBER	NATURE OF WORK
EMAIL ADDRESS	OFFICE NUMBER	

NAME OF SIBLING	AGE	SCHOOL

## FETCHERS' INFORMATION

NAME OF FETCHER	RELATIONSHIP TO THE CHILD	CONTACT NUMBERS
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**We snap photos of your child during classroom activities. Do you give permission for your child's photos to be part of the website and other marketing paraphernalia?**

Yes

No

I hereby certify that all the information above are true and correct to the best of my knowledge.

\_\_\_\_\_ **Parent's Signature Over Printed Name**

\_\_\_\_\_ **Date**