



2 x2 picture

0011 Banat-I Hillside Road, G. Dangoy St., Bool District, Tagbilaran City

416-1248/09295571136

[boholchildcenter@yahoo.com](mailto:boholchildcenter@yahoo.com)

## Enrollment Form (Play and Learn Class)

*To be filled out by the school's **Guidance Counselor**:*

Date today: \_\_\_\_\_

Is the child present during the interview? \_\_\_\_\_

Is/Are there test/s administered? If yes, please specify:  
\_\_\_\_\_

Test Result and Interpretation: \_\_\_\_\_

Any significant behavioral observation/s of the child:  
\_\_\_\_\_

Other comments and/or recommendations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

From whom/where did you learn about BOHOL CHILD HEAD START?  
\_\_\_\_\_

(Kindly print legibly)

Child's Name: \_\_\_\_\_  
Last Name                      First Name                      Middle Name

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_

Specify if:      First timer to school      Transferee      Old student     

School last attended: \_\_\_\_\_

Is the Child living with biological parents? \_\_\_\_\_ if not, please specify Adoptive Parents/Guardian's name and Address:  
\_\_\_\_\_

### Contact Information

Mother's name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Business (if any): \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Religion (if any): \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-mail/FB: \_\_\_\_\_

Father's name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Business (if any): \_\_\_\_\_  
Nationality: \_\_\_\_\_  
Religion (if any): \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-mail/FB: \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

**Contact's Phone:** \_\_\_\_\_

### Child's Health Record

Doctor's name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Does your child have any known allergies? \_\_\_\_\_

Are there any food restrictions? \_\_\_\_\_

Does your child have any medical condition which we should be made aware of?  
\_\_\_\_\_

Would there be any restrictions to play or activities? \_\_\_\_\_

What is your child's temperament? Is he/she easy going, hard to please, demanding, aggressive, etc.  
\_\_\_\_\_

Can your child be relied upon to indicate bathroom wishes? \_\_\_\_\_

What words does your child use for: Bowel Movements: \_\_\_\_\_ Urination: \_\_\_\_\_

What language(s) are spoken at home? \_\_\_\_\_

**Please ensure the signatures of the following people as you go through the enrollment process.**

<p><b><u>ANALOU C. DELUSA, Rpm</u></b> Guidance Counselor (Testing for Level 4 to JHS/Observation and Interview for EHS-Level 3; accomplishment of Guidance Form 1)</p>	<p><b><u>MARIA ELENA M. BALANE, MA</u></b> Principal  (Placement Recommendation)</p>	<p><b><u>KEZIAH D. BARILLO</u></b> Cashier  (Upon Payment)</p>	<p><b><u>ANNA CARLA C. JAYCO</u></b> School Registrar  (Enrollment Form and Contract; Certificate of Enrolment)</p>
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