

2 x2 picture

0011 Banat-I Hillside Road, G. Dangoy St., Bool District, Tagbilaran City 416-1248/09295571136  *boholchildheadstart@gmail.com*

**ENROLLMENT FORM**

**(Elementary and Junior High School)**

(Kindly print legibly)

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

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

Is the student 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 student:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other comments and/or recommendations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From whom/how did you learn about BOHOL CHILD HEAD START?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Last Name First Name Middle Name*

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

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_

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

Specify if: Transferee Old student Returnee *If Transferee/Returnee,*

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

 Elementary Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Kindergarten Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for transferring: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Who is financially supporting the student’s education? \_\_\_\_\_\_\_\_\_\_\_ Contact Information

Mother’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *For Parent-Teachers Association and student-related updates, please write your e-mail and FB messenger accounts (one preferred address/account for each child)*

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FB Messenger Account Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact’s Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Record
Doctor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Doctor’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the student have any known allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any food restrictions? *(If yes, please specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the student have any medical condition which we should be made aware of?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

|  |
| --- |
| **Please ensure the signatures of the following people as you go through the enrollment process.** |
| **ANALOU C. DELUSA, RPm****Guidance Counselor**(Testing for Kinder to JHS/Observation and Interview for EHS 1-3; accomplishment of Guidance Form 1) | **MARIA ELENA M. BALANE, MA****Principal**(Placement Recommendation) | **GHIA B. VALERA****Cashier****(**Upon Payment**)** | **School Registrar**(Enrollment Form and Contract; Certificate of Enrolment) |

***To be filled-out by the School’s Registrar***

Credentials submitted **(for new enrollees/Transferees only)**:

 \_\_\_\_\_\_\_ Original PSA Birth Certificate

\_\_\_\_\_\_\_\_\_\_ Report Card (Form 138)

\_\_\_\_\_\_\_ Permanent Record (Form 137-E or SF 10)

\_\_\_\_\_\_\_ Certificate of Good Moral Character

 \_\_\_\_\_\_\_ Medical Certificate

 \_\_\_\_\_\_\_ 2 copies of 2x2 picture of kid

 \_\_\_\_\_\_\_ 1 copy of 2x2 picture of fetcher

\_\_\_\_\_\_\_\_ Kindergarten Certificate(for Gr. 1 only)

\_\_\_\_\_\_\_\_\_\_ Grade 6 Diploma (for Gr. 7 transferees)

***To be filled-out by BCHS Cashier/Finance Officer***

Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated Completion\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tuition & Fees

 Registration Fee P\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*Non-refundable*)

 Tuition P\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Miscellaneous P\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Cost of Program P\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Other fees like books, notebooks, uniforms, etc. shall be paid separately.*

**ENROLLMENT CONTRACT 2019-2020**

**Registration Fee:** To reserve a slot for your child for the School Year 2019-2020, **please return this form with a non- refundable registration fee of P 1, 500.00**.

**Tuition Payment Plan: Tuition is due in full by June 15, 2019 to avail the 5% discount.** For your convenience, we offer the option to pay tuition and other fees in ten equal monthly installments **beginning June 5, 2019, and ending March 5, 2020.**

**Payment options (please check one):**

I will pay tuition and other fees in full on or before June 15, 2019 and avail the 5% discount on tuition.

I will pay tuition and other fees in monthly installments.

**Late Payments:** Should you choose the installment option, monthly payment should be made on or before the 5th of each month. **Should the parents fail to pay the due for the month, a 5% late payment fee shall be assessed on your due until paid.**

**Lunch Service: Our lunch service is open to all students whose class schedule includes lunch time with the Teacher/s.** Food options are available for you to choose from. To purchase goods from the canteen, students have two (2) options: either to *pay cash* or through *prepaid set-up*, although we strongly suggest the latter so parents can keep track on their kids’ consumption and purchases. To know more about prepaid payment, kindly visit the canteen.

**Early Withdrawal: If you withdraw your child at any time during the school year, you are responsible for all payments as stipulated herein:**

 **Within the month of June- 30% of the Total cost of program assessed above**

 **Within the month of July - 50% of the Total cost of program assessed above**

 **August to March - 100% of the Total cost of program assessed above**

Date of withdrawal is based upon the school’s receipt of written notification that your child is being withdrawn.

**Parent Participation:** We ask that parents also make a commitment to the school’s Parent-Teachers Association (PTA) activities by participating in enrichment programs (parenting session, parents as resource volunteers etc.), fund-raising activities, clean-up days, and other school or PTA projects.

**Publicity Permission**: Do I allow my child’s pictures (which may be taken during class or school activities) to be published in social media like Bohol Child Head Start’s facebook account and website for information dissemination and/or advertising purposes? YES NO

**I/We have read, understood, and agreed to the above terms.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature over printed name Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature over printed name Date**