 2 x2 picture

0011 Banat-I Hillside Road, G. Dangoy St., Bool District, Tagbilaran City 416-1248/09295571136 [*boholchildheadstart@gmail.com*](mailto:boholchildheadstart@gmail.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/how did you learn about BOHOL CHILD HEAD START?

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

(Kindly print legibly)

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Last Name First Name Middle Name*

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

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.** | | | |
| **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:

\_\_\_\_\_\_ Copy of NSO/PSA Birth Certificate

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

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

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

*To be filled-out by the 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, uniforms, school kit, etc. shall be paid separately in the school’s business center.*

**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 P1, 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.**

**Snacks Payment: To continually avail of the snacks service, payment should be made on time** (on or before the 5th of the month)**.** In case of long absences, kindly inform through writing the snacks in-charge so you will not be charged of the days that your kid was not around. Only written notice will be honored.

**Early Withdrawal: If you withdraw your child at any time during the school year, you are responsible for all payments up to and including the month in which the withdrawal occurs.** Date of withdrawal is based upon the school’s receipt of **written notification** that your child is being withdrawn.

**Fetching Time: We strongly advise parents to pick up your kids after classes ON TIME. We will be charging 50 pesos (for babysitting) for every fraction of five (5) minutes that the fetcher is late.**

**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-initiated 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 advertising and information dissemination 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**