



**BASIC INFORMATION**

child's  
picture  
1x1

Student Number: \_\_\_\_\_  
(to be filled up by administrator)

NAME OF CHILD: \_\_\_\_\_  
Last First Middle

Nickname \_\_\_\_\_ Date of Birth (m/d/y): \_\_\_\_\_ Religion: \_\_\_\_\_

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

Home Ownership:

\_\_\_\_\_ owned, mortgaged \_\_\_\_\_ owned, not mortgaged \_\_\_\_\_ rented \_\_\_\_\_ living with relatives

Length of Stay: \_\_\_\_\_ Residence Tel. Nos. (land line) \_\_\_\_\_

**FAMILY INFORMATION**

FATHER

MOTHER

Name \_\_\_\_\_

NickName \_\_\_\_\_

Birthdate & Place \_\_\_\_\_

Educational Attainment \_\_\_\_\_

Degree/Course \_\_\_\_\_

Occupation \_\_\_\_\_

Length of stay \_\_\_\_\_

Employer \_\_\_\_\_

Office Address \_\_\_\_\_

Office Tel. No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

Email Address \_\_\_\_\_

Monthly Income \_\_\_\_\_

Status of Child's Parents: \_\_\_\_\_

Other children in the Family:

Name

Birthdate

Grade/Year

School

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

## MEDICAL INFORMATION

Immunization taken: \_\_\_\_\_

Allergies: (please list all) \_\_\_\_\_

Regular medications being taken: \_\_\_\_\_

If your child has had any of these diseases, please state the age at which he had them.

_____ measles	_____ mumps	_____ whooping cough
_____ poliomyelitis	_____ rheumatic fever	_____ scarlet fever
_____ diphtheria	_____ serious accident	_____ smallpox
_____ diabetes	_____ heart disease	_____ Chorea (St. Vitus Dance)
_____ chicken pox	_____ pneumonia	_____ Asthma, hay fever
_____ epilepsy (convulsions)	_____ others: _____	

## OTHER INFORMATION

Other people living in with the family:

Name	Age	Relationship to Child	Education
_____			
_____			
_____			

Other persons to contact in case of emergency:

Name	Relation to Child	Contact No.
_____		
_____		

Persons who will regularly bring/fetch the child to school: (please include relation to child)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Manner of bringing/fetching the child to school:

\_\_\_\_\_ School bus    \_\_\_\_\_ Public Vehicle    \_\_\_\_\_ Car    \_\_\_\_\_ Others

Please see back of page



Fetcher's  
picture  
1

\_\_\_\_\_  
name



Fetcher's  
picture  
2

\_\_\_\_\_  
name



Fetcher's  
picture  
3

\_\_\_\_\_  
name



Fetcher's  
picture  
4

\_\_\_\_\_  
name

I permit Milestone Early Childhood Development Center to use my child's pictures and artworks for publication.

I hereby certify that the information provided is true and correct to the best of my knowledge and belief and I agree to constantly update the school with any changes in the information herein.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Signature of Parent