



FORM 1

(Revised 2012)

PERSONAL INFORMATION RECORD

Please print your answers legibly. Write N.A. where not applicable.

Child's Name (last, given, middle) _____ Age: _____

Date of Birth _____ Place of Birth _____ Male Female

Citizenship _____ Religion _____

Previous Schools Attended _____

Father's Name _____ Biological Adoptive Stepfather

Mother's Name _____ Biological Adoptive Stepmother

Marital Status of Parents:

Married Separated Widowed Living Together Single Parent

Legal Guardian (If not living with parents):

Name _____ Relationship to child: _____

Brothers and Sisters of Child:

Name _____ Date of Birth _____ Male Female

Name _____ Date of Birth _____ Male Female

Name _____ Date of Birth _____ Male Female

Name _____ Date of Birth _____ Male Female

CHILD DEVELOPMENT RECORD

Put a check (✓) on the items that you observe in your child.

- | | |
|---|--|
| _____ Responds to his/her name when called | _____ Tends to be hyperactive |
| _____ Follows oral directions | _____ Is toilet-trained |
| _____ Expresses oneself in words | _____ Behaves properly in various places |
| _____ Exhibits limited/fleeting eye contact | _____ Initiates interaction (through eye contact, touching, calling) |
| _____ Shows impulsive behavior | _____ Plays with other children |
| _____ Easily gets frustrated | |
| _____ Often throws tantrums | |

CHILD HEALTH RECORD

Has your child ever had any of the following? Please check (✓).

- | | | |
|-------------------------------------|---------------------------|--------------------------------|
| _____ Allergies | _____ Bleeding tendencies | _____ Chicken Pox |
| _____ Allergic Rhinitis | _____ Blood transfusion | _____ Mumps |
| _____ Asthma | _____ Epilepsy | _____ Hepatitis |
| _____ Frequent Colds | _____ Convulsions | _____ Kidney disease |
| _____ Frequent Stomachaches | _____ Heart Ailment | _____ Others (Please indicate) |
| _____ Frequent Fever | _____ Diabetes | _____ |
| _____ Earaches | _____ Rheumatic Fever | _____ |
| _____ Tonsillitis | _____ Measles | _____ |
| _____ Urinary Tract Infection (UTI) | _____ German Measles | _____ |

Is your child's immunization up-to-date? _____

Does the child have any health problems of which we should be aware? Please explain.



FORM 1

(Revised 2012)

EMERGENCY CONTACT RECORD

Person to be notified in case of emergency:

Name _____

Relationship to child: _____

Address _____

Contact Nos.: _____

Persons to contact if the primary contact person above is unavailable or cannot be reached:

Name _____

Relationship to child: _____

Address _____

Contact Nos.: _____

Name _____

Relationship to child: _____

Address _____

Contact Nos.: _____

I hereby certify that the above information is true and correct.

Further, I give permission for my child to receive any necessary medical care or treatment in the event that I cannot be reached. I understand that every effort will be made to communicate with one of the persons above before such action is taken, and that I will be responsible for the payment of such care or treatment.

Name & Signature of Parent / Legal Guardian

Date

TO BE FILLED OUT BY DYNAMIC MINDS PERSONNEL

SY _____ Date _____

ID No. _____ Date _____

Eligible for admission to:

- Nursery 1
- Nursery 2
- Kinder 1
- Kinder 2

Requirements completed:

- NSO Birth Certificate
- Two 1"x1" ID pictures
- Form 1
- Enrollment Form
- Tuition Fee Agreement Form
- Previous Report Card
- Certificate of Good Moral Character
- Fetcher's ID requirements

Remarks:

Remarks:

Authorized Signature

Authorized Signature