

# REGISTRATION FORM

STUDENT ID #

*Please complete and return this application and enclose a recent snapshot of your child. (Information will be kept strictly confidential).*

**CHILD INFORMATION**

AFFIX  
 PHOTOGRAPH  
 HERE

**FULL NAME OF CHILD**

Family First Middle

Preferred (Nick Name): \_\_\_\_\_ Sex:  Boy  Girl

Date of Birth : _____	Place of birth : _____
Day      Month      Year	
Religion : _____	
Nationality : _____	Language spoken: _____
Home Address : _____	
	Home Phone No. : _____
Passport ID : _____	
<u>Previous Pre Schools (name &amp; address)</u>	<u>Levels</u>
_____	_____
<u>Dates of attendance</u>	<u>Language of instruction</u>
_____	_____
_____	_____

**FAMILY INFORMATION**

DESCRIPTION	FATHER	MOTHER
Name	: _____ Family      First      Middle	: _____ Family      First      Middle
Year of Birth	: _____	: _____
Nationality	: _____	: _____
Language spoken	: (1) _____ (2) _____	: (1) _____ (2) _____
Job Title	: _____	: _____
Name of company	: _____	: _____
Office phone No.	: _____	: _____
Fax. No.	: _____ (office/home)	: _____ (office/home)
Handphone No.	: _____	: _____
E-mail address	: _____	: _____

Does your child have any brothers or sisters? If yes, please fill in the following questions :

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>School</u>
_____	_____	_____	_____
_____	_____	_____	_____

**EMERGENCY INFORMATION**

**Special Instruction** : (Allergies, foods, disabilities, etc)

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

**Pediatrician**

Name

Address

Phone number

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

**Contact Person**

Name

Address

Phone number

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

**STATE OF HEALTH & DEVELOPMENT HISTORY**

**Child's Height** :

**Child's Weight** :

WALKING

TALKING

TOILET TRAINING

**CHILD DEVELOPMENT :**

**MONTH** :

- Has your child ever received physiological or psychiatric counseling? If so, please give reason and duration:

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

- Please give your child's strengths, talents, and enthusiasms :

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

- What is your plan for your child's future organizations? What qualities do you think characterize a good educational pre school program?

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

- Please state briefly on a separate sheet your reason for wishing your child to attend Bambino Pre School. What contributions do you expect our pre school to make to your child's development?

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

- Other important information about your child :

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

# AGREEMENTS

- YES \_\_\_\_\_ NO \_\_\_\_\_ Bambino Pre-School agrees to notify the parents whenever the child becomes ill and the parents will arrange to have the child picked up as soon as possible.
- YES \_\_\_\_\_ NO \_\_\_\_\_ The parent authorizes BAMBINO Pre-school to obtain immediate medical care if any emergency occurs when she/he cannot be located immediately.
- YES \_\_\_\_\_ NO \_\_\_\_\_ The parent allows Bambino Pre-School to give the parent's home address, home phone/HP number to the other Bambino parents.
- YES \_\_\_\_\_ NO \_\_\_\_\_ The parent wishes the child to borrow a library book from Bambino Pre-School and agrees to replace the book if it is lost or damaged (for Pre-K, K1, and K2 children).
- YES \_\_\_\_\_ NO \_\_\_\_\_ Bambino will take all necessary precautions to safe guard the children. However, the school will not bear responsibility for any damages arising from an accident which is beyond the control of the school.

### Items to be brought from home on the first day of school:

1. Tooth brush, tooth paste, and a plastic cup
2. Extra one set of clothes inside the child's bag (to be brought every day).
3. Extra diapers for Toddler children who are still wearing ones (to be brought every day).

I hereby apply for admission of my child to BAMBINO PRE-SCHOOL and conform the school's rules and policy.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

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## FOR OFFICE USE ONLY

- \* Requested date of entry : \_\_\_\_\_ in Term \_\_\_\_\_ 20\_\_\_\_
- \* Class :  TODDLER  2 x/week  3 x/week  5 x/week  
 PRE- K  
 K 1  
 K 2
- \* Required documents :  Photo Copy of birth certificate / passport  
 Photographs (4)  
 Copy of the Immunization Record
- \* How do the parents know about Bambino Pre School?  
 Yellow pages  Newspaper/magazine: .....  
 Shopper's Guide  Friends/relatives: .....  
 Passing by  Others: .....

Notes:

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

( \_\_\_\_\_ )  
Administrator Signature

\_\_\_\_\_  
Date of application received