



ADMISSIONS FORM

For Academic Year: _____

Program: _____

Child Information:

Complete Name: _____

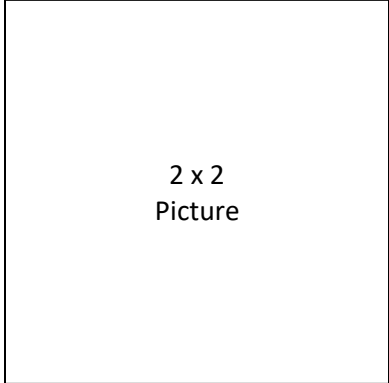
Nickname: _____

Child's Birth Date: _____ Age: _____

Home Address: _____

Contact nos.: _____

Religion: _____ Language/s Spoken: _____



Parents/Guardian Information:

	FATHER	MOTHER	LEGAL GUARDIAN (if applicable)
Name:			
Home Address:			
Home Tel. #:			
Mobile Phone #:			
Email:			
Employer/Company:			
Occupation:			
Business Tel. #:			
Business Address:			
Education Attainment:			

Additional Information:

Please list your child's siblings, if applicable.

Name	Age	Level	School

Is this your child's first time to attend school? ____ Yes ____ No

If no, please list your child's previous school(s).

School	Level	Dates Attended

PRIMARY EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Contact details: Mobile: _____ Landline: _____

(Best contacted through: __Mobile __Landline)

FETCHER INFORMATION:

In case of our absence, only the following people are allowed to fetch our child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

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

Parent/Guardian Signature



0917-1508933 / (02) 8658-8078
kidsplaylabpreschool@yahoo.com
8841 Sampaloc St.,
San Antonio Village, Makati City

STUDENT HEALTH FORM

General Information

Full Name: _____ Gender: Male/ Female

Date of Birth: _____ Religion: _____

Address: _____

Father's Name: _____ Contact Number/s: _____

Mother's Name: _____ Contact Number/s: _____

Blood Type: _____ Height: _____ Weight: _____

Past Medical History

Any Allergies? (Please list all known allergens?) YES / NO

Any previous hospitalization or surgery? YES / NO

If yes, residual problems? _____

Any Cardiac/ Heart Problems? YES/ NO

If yes, residual problems? _____

Any Respiratory Problems? YES/ NO

If yes, residual problems? _____

Any pre-existing medical conditions? YES/ NO

If yes, residual problems? _____

Physical Findings (Include Vision and Hearing, if tested):

Activity Restrictions (if any): _____

If Tuberculin Test given: Date: _____ Result: _____

Has the child been seen by any developmental pediatrician? Yes No

If yes, please state the reason:

Is the child undergoing any kind of therapy? (If yes, please specify) Yes No

Please provide contact details of therapist:

Name: _____

Contact Number/s: _____

Is the child COVID19 Vaccinated? Yes No

If yes, kindly provide the following details:

	Date
1 st dose	
2 nd dose	
1 st booster	
2 nd booster	

Please attach most recent Certificate of Health and any pertinent medical records.

Certificate of Health

Medical Records

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Date

Parent/Guardian Signature



Kids playlab
pRESCHOOL

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kidsplaylabpreschool@yahoo.com
8841 Sampaloc St.,
San Antonio Village, Makati City

Child's Name: _____

PARENT QUESTIONNAIRE

How did you learn about Kids Playlab Preschool?

Three things I really enjoy about my child (his/her strengths or talents):

1. _____
2. _____
3. _____

Activities I think my child likes best:

Three things my child accomplished this past year:

1. _____
2. _____
3. _____

My child learns best when:

Types of discipline I find most effective with my child:

Hopes I have for my child:

Three goals I would like my child to accomplish this year:

1. _____
2. _____
3. _____

My concerns about my child:

At home:

At school:

Others:

Three things that motivate my child:

1. _____
2. _____
3. _____

Date

Parent/Guardian Signature



PHOTO RELEASE AND WAIVER FORM

CHILD'S NAME: _____

- [] *We/I, the undersigned hereby grant permission to Kids Playlab Preschool Inc. to photograph my child during activities, to use the photographs in audio-visual and printed materials without compensation or approval rights.*
- [] *We/I understand that the photographs taken by Kids Playlab Preschool Inc. will be included into stock files. We/I agree that the photographs and the rights to copyright the same, shall be the sole property of Kids Playlab Preschool, with full right of lawful disposition in any manner.*
- [] *We/I hereby acknowledge that as a condition of my child participating in school activities, agree to not hold the School liable for any accident that may occur beyond the school's control during any school activity.*

Date

Parent/Guardian Signature