



Dominican Child Development Center
 P.O. Box 5668, Hagatna Guam 96932
 Tel: (671) 477 7228 * Fax: (671) 472 4282

PLEASE
 ATTACH
 PASSPORT
 SIZE PHOTO
 HERE

REGISTRATION FORM

Name: _____ Date of Birth: _____ Grade: _____

Home Address: _____ Resides with _____ Sex: _____

Mailing Address: _____

School last attended: _____

Address: _____

Father: _____ Religion: _____
 Last First M.I.

Place of Employment & Occupation: _____

Home Phone: _____ Work Phone: _____

Citizenship: _____ Ethnic Group: _____
 US/Filipino/Korean/etc. Chamorro/Filipino/Caucasian/Etc.

Mother: _____ Religion _____
 Last First M.I.

Place of Employment & Occupation: _____

Home Phone: _____ Work Phone: _____

Citizenship: _____ Ethnic Group: _____
 US/Filipino/Korean/etc. Chamorro/Filipino/Caucasian/Etc.

Marital Status: _____ Married _____ Divorced _____ Separated _____ Widowed _____ Single

Persons to notify in case of emergency: _____ Phone Number

	Phone Number

Church attended: _____ Pastor: _____

Has child ever had disciplinary difficulties? _____

AGREEMENT RESPONSE

I/We _____ and _____ the parent(s) guardian(s) of _____. Have read and do understand the Dominican Child Development Center Parent*Pupil Handbook. I/We pledge our support of School Policy and agree to conform with the new regulations and obligations. I/We may asked to withdraw my/our children.

Signature of Parent/ Guardian _____

Signature of Parent/Guardian _____

Date: _____

Date: _____

Date of Admission: _____

Date Left: _____



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CHILD'S PREADMISSION HEALTH HISTORY - PARENT'S REPORT

Child's Name: _____ Sex: _____ Birth Date: _____ Grade: _____
 Father's Name: _____ Age: _____ Does Father live in home with child? _____
 Mother's Name: _____ Age: _____ Does Mother live in home with child? _____
 Has child been under supervision of Physician? _____ Date of last examination: _____

DEVELOPMENTAL HISTORY

Walk _____ months	Begin talking at _____ months	Toilet training started at _____ months
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PAST ILLNESS - Check those child has had and approximate dates

	Dates		Dates		Dates
() Chicken Fox		() Diabetes		() Poliomyelitis	
() Asthma		() Epilepsy		() 10-Day Measles Rubella	
() Rheumatic Fever		() Whooping Cough		() 3-Day measles (Rubella)	
() Hay Fever		() Mumps			

Other serious or severe illness or accidents: _____

Does child have frequent colds? _____	How many last year? _____	List any allergies should be aware of _____
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DAILY ROUTINES

What time does a child fed up?	What time does child go to bed?	Does child sleep well?
Does child sleep during the day?	When?	How long?

Diet Pattern:	What are usual eating hours?
Breakfast	
Noon meal	
Evening	

Any food dislikes? _____	Any eating problems? _____
Are bowel movement regular? _____	What is usual time? _____
Word use for: Bowel movement _____	Urination : _____
Parent's evaluation of child's health: _____	

Parent's evaluation of child's personality. _____

How does child get along with parents, brothers, sisters and other children? _____

Has the child had group play experiences? _____

Does the child have any special problem - fears? (Explain) _____

What is plan for care when child is ill? _____

Reason for requesting day care placement: _____

Parent signature/Date: _____



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IDENTIFICATION AND EMERGENCY INFORMATION

To be completed by Parent or Guardian

Child's Name:	_____	Telephone:	_____
Address:	_____	Birth date:	_____
Father's Name:	_____	Business Phone	_____
Home Address:	_____	Home Phone:	_____
Mother's Name:	_____	Business Phone	_____
Person Responsible for Child:	_____	Home Phone:	_____

NAMES OF PERSON AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(Child will not be allowed to leave with any other person without written Authorization from Parent or Guardian)

Name	Relationship

ADDITIONAL PERSONS WHO MAY BE CALLED IN EMERGENCY

Name	Address	Phone	Relationship

PHYSICIAN TO BE CALLED IN EMERGENCY

Name	_____	Telephone	_____
Address			

If Physician cannot be reached, what action should be taken?

<input type="radio"/> Call emergency Hospital	<input type="radio"/> Other
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Time child be called for: _____

Signature of Parent or Guardian	_____	Date:	_____
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Date of Admission: _____	Date left: _____
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MEDICAL CLEARANCE FOR ADMISSION

Name: _____ Date of Birth: _____ Sex: _____

Father:

Work Employment _____

Work Phone _____

Home Address: _____

Mother:

Work Employment _____

Work Phone _____

MEDICAL HISTORY

1. Any history of allergy?	Yes ()	No ()	If yes, what?
2. Any previous illness?	Yes ()	No ()	If yes, what?
3. Any history of heart problem?	Yes ()	No ()	
4. Any history of convulsion?	Yes ()	No ()	
5. Any physical handicap?	Yes ()	No ()	If yes, what?

PHYSICAL EXAMINATION

Height	Weight	Pulse	
Respiration	Blood Pressure	Vision	Right : _____ Left: _____
Hearing	Right	Left	

GENERAL INSPECTION

Head	Eyes	Ears	Nose	Mouth
Throat	Teeth	Neck	Chest	Heart
Lungs	Abdomen	Spleen	Genitalia	Hernia
Extremities	Neurological System			

Has this child significant problem (physical, social or emotional) which will interfere with his/her school experiences? (Yes () No ())

Problems, Remarks, recommendations or Special Restriction, if any.

IMMUNIZATION HISTORY

(Please fill in dates of immunizations that were given)

VACCINE

DTP				
TOPV	1	2	3	4 5
MMR	1	2	3	4 5
HIB	1	2	VARRICELLA	1 2
HEP	1	2	3	4
PPD	Date Given:	Date Read:	Result:	

Date _____

Examiner's Signature: _____

Parental Involvement Survey

Dominican child development Center recognizes and encourages our families to participate in the development and education of our children. Please identify any committee, services or other areas that you would like to contribute your time, resources, gifts and talents to our school.

Student Name: _____ **Age:** _____

- Volunteer Involved Parent**
- Classroom/Homework helper**
- Fundraising committee**
- Catholic Schools Week**
- Family Day Activities**
- School Festivities (Christmas Pageant, Spring Concert and Chamorro Week)**
- On- call substitute**
- Other (please specify) _____**

Signature of Parent/Guardian: _____ **Print:** _____

Contact Number: _____ **Email address:** _____



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TUITION FEES & REGISTRATION

SCHOOL YEAR 2020 - 2021

GRADE LEVEL	Nursery (18 MONTHS - 2 YRS.)	Junior Nursery (3 YRS.)	Pre-Kinder (4 YRS.)	Kinderarten (5 YRS.)
Registration Fee	\$ 200.00	\$ 200.00	\$ 200.00	\$ 200.00
Instructional Fee	\$ 155.00	\$ 155.00	\$ 195.00	\$ 195.00
Monthly Installment	\$ 450.00	\$ 440.00	\$ 400.00	\$ 400.00
Payment Upon Enrollment	\$ 805.00	\$ 795.00	\$ 795.00	\$ 795.00

DOCUMENTS NEEDED FOR NEW STUDENTS

- 1. REGISTRATION FORM**
- 2. MEDICAL CLEARANCE (PHYSICAL)**
- 3. COPY OF BIRTH CERTIFICATE**
- 4. UPDATED SHOT RECORD**

Note: Registration and Instructional Fees are non-refundable, and are paid for every school year.