

## ANGELICUM IMMANUEL MONTESSORI

"Aim high Go for Modern education" Tierra Nevada, General Trias City, Cavite Barangay Real 1, Bacoor City, Cavite

## **CHILD DATA FORM**

Date:

A. CHILD'S PERSON	AL DATA					
Name of Child	(Family Na	ime)	(Last Name)		(Middle Name)	
Religion				Nationality		
City Address			Tel No.:			
Provincial Address						
Date of Birth			Place			
Age as of June Year				Month		
For Foreigners: ACR	#		1			
B. Child's Family Da	ta:					
Name of Father		Name of Mother				
Age Nationality:				Age	Nationality:	
Educational Attainment				Educationa	l Attainment	
Occupation			Occupation			
Where Employed				Where Employed		
Address				Address		
Tel. No.:				Tel. No.:		
Child's Birth Position	n in the Fa	mily				
No. of Brother's No. of Sist				's		
Name of Siblings		Age		Where Enrolled / Employed		
Parents' Status			Living Togethe	r Separated		
(If separated) Child is living with: Father				Mother		
Guardian Specify:						
C. Others ( About Child)						
Languages Spoken at home						
Hobbies, Interest, Ta						
Favorite Computer Characters						
Favorite Cartoon Characters						
Favorite Toys						
Place Traveled						
D. Health Condition						
Allergies						
Other information regarding health						
Date	<b></b>					
E. School History (Transferees)  Previous School Attended				Lovel		
	enueu			Level		
Address Inclusive Dates				School Voc	r	
Reason/s for transferring				School Yea	I	
neasonys for traffste	FITTING					
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F. Security Data:							
Persons authorized to pick-up child:							
Name	Relation	Address / Tel No.:					
Person to contact if parents / guardian are not around during emergency:							
Home Phone No. Home Phone No.							
AGREEMENT:  In case the child does not like to go on studying, the parents may cancel the enrollment and ½ of the tuition fee shall be reimbursed. However, there shall be no refund if the cancellation is made after two weeks.							
		Parent / Guardian Signature over Printed Name					
COB	Y FOR THE OFFICE OF THE SECUF	RITY					
Name of Child:	TON THE OTHER OF THE SECUR	MIII					
Persons authorized to pick-up of	child:						
Name	Relation	Address / Tel. No.:					
		1.0.0.007 1.0.110.1					
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Person to contact if parents / guardian are not around during emergency:							
. 5.55 to sometim parents / Suardian are not around during emergency.							
Home Phone No.:	0.:						
	·						
Parent / Guardian Date Signature over Printed Name							