

■ 5513 D.M. Rivera St., Poblacion, Makati City, 1210
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 ☒ iangellearningcenter@yahoo.com

1x1 picture

Please fill up all the items truthfully in two copies. Please put NA if not applicable								
I. Child information								
Child's Name: (Last, First, Middle)								
Sex:	Birthdate:	Religion:	Nationality:	Home	phone:	Languages/ Dialects	Nickname:	
			,		•	spoken:		
Child's A	lddress:					<u> </u>		
		narents/auardian	can not be reached:					
	•	•	cun nor be reached.					
II. Parent/ Guardian Name: Mother's/ Guardian Name:					Father's / Guardian Name:			
mother st Guardian Name:				Tarner 5 / Buardian Name.				
Address:					Address:			
Homephone:					Homephone:			
•					Work phone:			
Work phone:					Cellphone:			
Cellphone:				·				
E-mail:					E-mail: Date of Birth:			
Date of Birth:								
Highest Educatinal attainment:				Highest Educatinal attainment:				
Doctor of Philosophy:				Doctor of Philosophy:				
Master of Arts:				Master of Arts:				
Master of Business Administration:					Master of Business Administration:			
Graduate Course:					Graduate Course:			
Undergraduate:					Undergraduate:			
Are you employed? Yes/NO					Are you employed? Yes/NO			
Occupation:					Occupation:			
Employer:					Employer:			
List iof sibling (s):								
Las	st Name	First Name	Date of Birth		Sex	Grade	School	
III. Child"s History:								
Is your child toilet trained?						Explain:		
Has your child been in a preschool or childcare?						Explain:		
Are there any problems with your child's speech?						Explain:		
Do others have difficulty understanding what your child say?						Explain:		
Does your child have any diagnosed emotional or behavioral problems?						Explain:		
Does your child have any chronic medical condition such as asthma, allergies,						Explain:		
diabetes or seizures?								
Have you been told by the teacher, doctor, or nurse that your child has a						Explain:		
disability/ Specialneeds?								
Does your child use any medical device (ie.wheel chair, hearing aid or glasses)						Explain:		
Has your child been found eligible for special education or speech services?						Explain:		
List any additional concerns you have about your child:								
Are you	willing to give	your time in the	activities of the sch	ool?				
		•	ed all the questions		?			
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