



## REGISTRATION FORM

**Instructions:** *This form is to be filled up by the parent/guardian of the child upon enrolment to the Child Development Center. This will be kept by the Child Development Teacher in the portfolio of the child.*

Name of Child: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Address : \_\_\_\_\_ Birthday: \_\_\_\_\_

Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Registered:  Yes  No Age: \_\_\_\_\_

Child's First Language: \_\_\_\_\_ Second: \_\_\_\_\_

Guardian Information : \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mother:

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: Home \_\_\_\_\_ Work: \_\_\_\_\_

Father:

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: Home \_\_\_\_\_ Work: \_\_\_\_\_

IN CASE OF EMERGENCY, Please contact the following :

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: Home \_\_\_\_\_ Work: \_\_\_\_\_

Accomplished by : \_\_\_\_\_  
 Signature over printed name of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by: \_\_\_\_\_  
 Signature over printed name of CD T \_\_\_\_\_ Date \_\_\_\_\_

