

FORM 1.A FATHER'S PROFILE

1. Personal Information

Last Name	First Name	Middle Initial	Date of Birth	Age

2. Civil Status

Single Married Separated Widower Live-in

3. Address

District _____ Purok/Zone _____

4. Mother Tongue

Tagalog Visayan Ilocano Bicolnon

Others, please specify _____

5. Other dialects spoken at home. Please specify _____

6. Educational Attainment

<input type="checkbox"/> Elem./Graduate	<input type="checkbox"/> High School /Graduate	<input type="checkbox"/> College /Graduate
<input type="checkbox"/> Technical/Vocational Graduate	<input type="checkbox"/> Masteral Unit/Degree	<input type="checkbox"/> Doctoral Unit/Degree

7. Occupational Status

<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired
<input type="checkbox"/> OFW	<input type="checkbox"/> Others, please specify _____	

FORM 1.B MOTHER'S PROFILE

1. Personal Information

Last Name	First Name	Middle Initial	Date of Birth	Age

Address:

District _____ Purok/Zone _____

2. Pregnant?

Yes

No

3. Civil Status

Single

Married

Separated

Widower

Live-in

4. Mother Tongue

Tagalog

Visayan

Ilocano

Bicolano

Others, please specify _____

5. Other dialects spoken at home. Please specify

6. Educational Attainment

Elem. /Graduate

High School/ Graduate

College/ Graduate

Technical/Vocational Graduate

Masteral Unit/Degree

Doctoral Unit/Degree

7. Occupational Status

Employed

Unemployed

Retired

OFW

Others, please specify _____

8. At what age are you interested to put your child in a Day Care Center

Below 1 year old

1 year old

2 years old

3 years old

4 years old

FORM 1.C FAMILY PROFILE

A. Home Profile

1. Ownership

Owned Rented With parents With relatives

2. Materials

Nipa Wood Concrete Make shift

3. Nature

_____ One Room

_____ Multiple Rooms

With toilet
 With no toilet
 With open play area
 Without open play area

With toilet
 Without toilet
 With open play area
 Without open play area

With bedroom
 With dining room
 With sala
 With kitchen

4. Utilities and Appliances

<input type="checkbox"/> With running water	<input type="checkbox"/> With mobile phone	<input type="checkbox"/> With CD/DVD player
<input type="checkbox"/> With electricity	<input type="checkbox"/> With computer	<input type="checkbox"/> With Television
<input type="checkbox"/> With aircon	<input type="checkbox"/> With internet	<input type="checkbox"/> With radio

5. Learning and Recreation/Fun & Games

<input type="checkbox"/> Magazines/comics	<input type="checkbox"/> Books	<input type="checkbox"/> Board Games
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Story/picture books	<input type="checkbox"/> Puzzles
<input type="checkbox"/> Pets	<input type="checkbox"/> Toys	

6. Persons Staying in the Same Household

<input type="checkbox"/> Immediate Family Member (Father, Mother, Siblings)	<input type="checkbox"/> Relatives (Aunts, Uncles, Cousins, Grandparents, Nieces)	<input type="checkbox"/> Non-Relatives (Household help / Nanny)
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Name and Signature of CDT: _____

Date Conducted: _____