



SY : _____
PRESCHOOL

Class Sched, Escort and Uniform Info Sheet

Name of child: _____
Family Name First Name Middle Name

Date Enrolled: _____ Age _____

CLASS LEVELS: Toddler Nursery Kinder 1 Kinder 2 Prep

Class Schedule: Toddlers (2 hours) - 8:00 - 10:00, 8:30 - 10:30, 9:00 - 11:00
Nursery/ Kinder/Prep (3 hours) - 8:00 - 10:00, 8:30 - 10:30, 9:00 - 11:00
Extn. Class: _____

Do you want to enroll your child in Tap Dance _____ Ballet _____ Swimming _____

Which car will pick up your child?

Personal: Model _____ Plate No. _____

Who can pick up your child? Parent Driver Yaya School bus

Others: _____

Names: _____

Car Service: Model _____ Plate No. _____ :

Name of Owner: _____ Tel. No. _____ Cell. No. _____

If yaya will wait for your child, is she allowed to go outside the premises of Preppi School (i.e. go to store nearby to buy snack)? Yes _____ No _____
Preppi will not be responsible for your yaya's incoming and outgoing.

Size of child's uniform: Size No. _____
Shoulder: _____ Waist: _____ Hips: _____ Shirt length: _____ Shorts length: _____
No. of uniforms: Daily set _____ P.E. _____



SY: _____
PRESCHOOL

Class Sched, Escort and Uniform Info Sheet

Name of child: _____
Family Name First Name Middle Name

Date Enrolled: _____ Age _____

CLASS LEVELS: Toddler Nursery Kinder 1 Kinder 2 Prep Tutorial

Do you want to enroll your child in Tap Dance _____ Ballet _____ Swimming _____

Which car will pick up your child?

Personal: Model _____ Plate No. _____

Who can pick up your child? Parent Driver Yaya School bus

Others: _____

Names: _____

Car Service: Model _____ Plate No. _____:

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If yaya will wait for your child, is she allowed to go outside the premises of Preppi School (i.e. go to store nearby to buy snack)? Yes _____ No _____

Preppi will not be responsible for your yaya's incoming and outgoing.

Size of child's uniform: Size No. _____

Shoulder: _____ Waist: _____ Hips: _____ Shirt length: _____ Shorts length: _____

No. of uniforms: Daily set _____ P.E. _____



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Name of child: _____
Family Name First Name Middle Name

Nickname: _____ Sex:

Meaning of name: _____ Age: _____

Who named your child? _____ Tel. no. _____

Home address: _____

Place of birth: _____ Date of birth: _____
Month Day Year

Name of father: _____

Occupation: _____ Company: _____

Home address: _____

Office address: _____

Home no. _____ Office no. _____ Fax no. _____

E-mail address: _____ Cell no. _____

Name of mother: _____

Occupation: _____ Company: _____

Home address: _____

Office address: _____

Home no. _____ Office no. _____ Fax no. _____

E-mail address: _____ Cell. no. _____

Name of child: _____

SY: _____
PRESCHOOL

In case of emergency, pls. contact (name of person): _____

Relation to child: _____

Contact no: _____

2. What are your child's favorite past time activities?

Browsing a picture book Writing letters Drawing pictures

Coloring a picture Painting Singing

Dancing Playing with toys Sleeping

Watching TV Others: _____

3. Is this your child's first time in school? Yes No

If not, where did he/she first attend school? _____

Reason for transferring: _____

4. How did you find out about the school? _____



We want to know more about your child.

Name of child: _____

SY: _____
PRESCHOOL

5. What are your expectations from your child at the end of the school year ?

6. What are your expectations from the school at the end of the school year ?

7. If your child is just learning to speak, what are the words he knows already ?
(Please write meaning of words. Example: "wee" means "need to urinate")

8. Do you have tentative plans on where you want to send your child after her preschool years? _____



Name of child: _____

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B. Personal / Emotional

- 1. Is your child toilet - trained ? Yes No
- 2. Can your child eat by himself / herself ? Yes No
- 3. Does your child have any:

phobias: _____

traumas: _____

4. What are the causes of your child's temper tantrums: _____

C. Social

please check all that applies

My child:

- initiates a conversation answers in words
- answers in complete sentence tends to hit others when excited
- extremely timid afraid of other children



Name of Child: _____

SY: _____ p6 of 7

Height: _____ Weight: _____

PRESCHOOL

D. Medical History

Name of pediatrician _____
hospital _____
contact no. _____

Name of dentist _____
dental clinic _____
contact no. _____

If the child had any of the following conditions, what year?

Measles (3-day) _____	Mumps _____
(red) _____	Scarlet fever _____
Chicken pox _____	Poliomyelities _____
Whooping cough _____	Diabetes _____
Diphtheria _____	Hernia _____
Rheumatic fever _____	Otitis media _____
Epilepsy _____	Convulsions _____
Heart disease _____	Pneumonia _____



Are there any physical handicaps? _____

Are there any allergies? _____

Name of Child: _____

SY: _____
PRESCHOOL

List in chronological order all surgical procedures performed on the child.

Date	Type of Surgery	Results
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please indicate condition which might affect the child's performance at school or any condition the staff should be aware of: _____

