



SY : _____
SUMMER

Class Sched, Escort and Uniform Info Sheet

Name of Child: _____
Family Name First Name Middle Name

Date Enrolled: _____ Age _____

Class Level: Toddler Nursery Kinder 1 Kinder 2 Prep
Grade School 1 2 3 4 5 6 7

Course & Schedule: 1. _____
2. _____
3. _____

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.

Yaya or escorts will wait by the porch -gate entrance and follow Preppi proper decorum.



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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. _____

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Name of child: _____

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

Relation to child: _____

Contact no: _____

For Preschoolers: Is this your child's first time in school? Yes No

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

For Grade School: Your child's current school:

Please Identify *1-3 Target Areas for Improvement*
in relation to the Summer Course your child is enrolled in:

1. _____

2. _____

3. _____

Note: Results vary depending on the child's state of development and character. Better results are evident through longer time of training so please consider the maximum sessions for optimal learning.

TRAINING TRACK SELECTED:

Course

Track

Name of child: _____

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Comments of Parents:

Comments of TIC:

