


CAROLINA TANAUAN INTERVENTION CENTER INC.,

130 F. Oñate St., 2 Tanauan City

784-24-08

ENROLMENT FORM

Name of Student: _____ **Date:** _____
Address : _____ **Birthdate:** _____
Tel. No. : _____ **Age:** _____ **Sex:** _____
Referred by : _____

MOTHER
FATHER

Name: _____
Occupation: _____
 Cell phone No: _____
Employer: _____
Work Address: _____
 Email Address: _____

MEDICAL INFORMATION

Current health condition of the student: _____
Medication currently taking: _____
Allergies to any medication: _____

Person to notify in case of emergency:

Name: _____
 Address: _____
 Tel. No. _____

I permit the Center to give emergency medical treatment to my child YES NO
 I allow my child to be brought to the hospital in case of emergency by
 Ambulance/taxi. Blame will not be placed on the Center in case of YES NO
 Delay in the procurement of transportation.

1. Parents' cooperation and participation of the Center are expected to achieve maximum benefits for the children.
2. Parent attendance in parent-teacher meeting/individual parent conference is mandatory.
3. Arrangements on how children are brought and picked up should be strictly observed.
4. Reservation fee is applied to tuition fee. Should the family decide not to proceed with enrollment paid reservation fee/tuition fee will be forfeited.
5. There is a P 500.00 penalty for every week that tuition fee payment is left unpaid.

I WISH TO ENROLL _____ AT THE CAROLINA. I HAVE READ CAREFULLY, UNDERSTOOD AND VOLUNTARILY SUPPLIED THE INFORMATION CONTAINED IN THIS FORM TO THE ENROLLMENT CONDITIONS SET BY THE CENTER.

_____ **Relationship to the Child** _____

Signature over Printed Name