

ENTRY FORM

ID #



Paradise Babies

Early Learning Center

Child Information

Full Name:

Nationality:

Date of Birth:

Address:

Sex:

Age:

Parents/Guardians Information

Mother – Full Name:

Profession:

Contact number:

Email:

I have read and understood the ELC Policies and Regulations Booklet.

Signature: _____

Father – Full Name:

Profession:

Contact number:

Email:

I have read and understood the ELC Policies and Regulations Booklet.

Signature: _____

Program:

Kindergarten _____
Early Learning Center _____
Preschool _____
Nursery _____
Infants _____

Full Day Program _____
Detailed Schedule _____
Extended Morning Program _____
Daily _____

Documents attached:

Copy of Child's Birth Certificate
Copy of Parents or Guardians ID

Medical form
Vaccines chart