



UNIVERSITY OF ASIA AND THE PACIFIC  
SCHOOL OF EDUCATION AND HUMAN DEVELOPMENT

**CDE Center Enrollment Form**

Name of Child: \_\_\_\_\_ Gender: \_\_\_\_\_

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_

School Last Attended: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child's First Language: \_\_\_\_\_ Child's Second Language: \_\_\_\_\_

Medical Conditions/Allergies (if any): \_\_\_\_\_

Mother: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Address and Home Phone (if different from above): \_\_\_\_\_

Employer & Work Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

Father: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Address and Home Phone (if different from above): \_\_\_\_\_

Employer & Work Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

**Siblings' Information:**

Name	Age	School	Grade/Level

Emergency Contact Person: \_\_\_\_\_ Landline/Mobile Phone \_\_\_\_\_

*Person/s authorized to pick up the child (aside from the parents):*

Name	Home Phone	Work Phone	Mobile Phone	Relation to Child

Date of enrollment: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_