La Consolacion College (496 A. Mabini St. Caloocan (Tel. # 8287-97-03	
Nursery Application For	
PER	RSONAL DATA
•• —	ReturneeTransferee
Last Name Age as of June: Birthday:	First Name Middle Name Gender:] Male [] Female Place of Birth:
(Month) (Day) (Year) Home Address: Provincial Address:	
Tel. No.:	Mobile No.:
Religion: Date of Baptism:	Nationality: Place of Baptism:
	HEALTH
Present Physical Condition: (Please Ch []Poor []Fair []Good Sickness During Childhood:	[] Very Good [] Excellent
Immunization:	
Hospitalization: Date/s: Name of Hospital:	

Revised January 2018

FATHER		MOTHER
	NAME	PIOTIER
	DATE OF BIRTH	
	AGE	
	PLACE OF BIRTH	
	NATIONALITY	
	RELIGION	
	EDUCATIONAL ATTAINMENT	
	OCCUPATION	
	WORK ADDRESS	
	CONTACT NO.	
	AVERAGE MONTHLY INCOME	
With whom does the child [] Mother Name of Guardian (if any): Relationship with the child	stay? (if single parent) [] Father [] Gu	Age:
Occupation:		Tel. No.:
ОТН	ER SIBLINGS IN 1	THEFAMILY
Name	Age Educ. Attainment	School Attended
REASO	NS/S FOR ENROLLING TH	IE CHILD AT LCC-C
REASON	NS/S FOR ENROLLING TH	IE CHILD AT LCC-C
REASO	NS/S FOR ENROLLING TH	IE CHILD AT LCC-C
	NS/S FOR ENROLLING TH	
		BMITTED

Parent/Guardian's Signature over printed name

STATEMENT OF PRIVACY AND INFORMATION POLICY

The Guidance and Evaluation Center adheres to every strict confidentiality standards. Any information of records/data provided to the Center are handled with utmost confidentiality, except in life threatening situations, cases of suspected client abuse, or when release is otherwise required by law. In order to provide the best services possible, the counselor may consult with other counselors in the office. Information about counseling will not appear on your academic record.

In order to protect your right to confidentiality, your written authorization will be required if you want the Center to provide information to another person or college/department.

USE OF CLIENT INFORMATION IN OUTCOME RESEARCH

Client information is often used to assess areas where client will need counseling interventions and or/other factors in which a more careful study may help in the delivery of counseling services. Client names are not used when client information is utilized for outcome research purposes. By signing on the space provided indicates that you have read the above statements and allow the Center to use the data from my record for outcome research purposes and shall not be used for any other purpose, or disclosed to any third party without your consent. For any questions, you may approach your level counselor.

Signature over printed name