(Accomplish 1 form per child)

Personal Information Sheet

Child's Details

Name: _____ Age: _____ Gender: _____

Birthdate: _____ Birthplace: _____ Toilet-trained? (Y/N): _____

Residential Address: _____

Parent's/Guardian's Details

Name: _____ Age: _____ Gender: _____

Residential Address: _____

Relationship to Child: _____ XU Status (Employee/Student): _____

Personal Contact Number(s): _____

Authority to Deduct

I hereby choose the following service package and authorize the University to deduct the selected amount below from my salary *(for employees)* OR add the selected amount below to my tuition/other fees *(for students)*. (*Please select the preferred option.)*

☐ **Package 1** >> ₱ 4,000/month for 4 months (₱ 1,000/month or ₱ 500/quincena)

☐ **Package 2** >> ₱ 2,600/month for 2 months (₱ 867/month or ₱ 434/quincena) and the remaining 2 months to be paid on a monthly basis

Liability Waiver

I, _____, the parent/legal guardian of the aforementioned child, having been informed on the rules, regulations and policies of the Center, hereby agree and submit to the conditions stipulated upon enrolling my ward in the Little Iggy Center. That any untoward incident which may occur during the session or after the session inherent to the condition of the child or due to natural disaster and fortuitous event, I will not hold the Center and its representative(s) liable. Further, I also agree to the utilization of the data of the program in which we may be included incidental to the improvement of the Center through research and development, provided that the identity of the child and the parent/guardian will be totally undisclosed.

_____

(Signature over Printed Name)

Date Signed: _____

-- WITNESSESS --

_____ _____

(Signature over Printed Name) *(Signature over Printed Name)*

Date Signed: _____ Date Signed: _____