

Preparing your child for life.

#62 San Rafael St., Brgy. Plainview, Mandaluyong

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PHOTO

**DATABASE FORM**

Student Number (to be filled out by admin) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Date (mm/dd/yy) \_\_\_/\_\_\_/\_\_\_\_\_\_

1. **STUDENT INFORMATION**

LAST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FIRST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MIDDLE NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NICKNAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bldg./House Number Street Brgy. City Province Country

ZIP CODE\_\_\_\_\_\_\_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FACEBOOK ACCOUNT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEL.NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOBILE NUMBER/S\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_ AGE \_\_\_\_\_ SEX\_\_\_\_\_\_\_\_ CITIZENSHIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELIGION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

month day year

HOW DID YOU FIRST LEARN ABOUT APDM?

Doctor fellow parents Others please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Therapist TV/newspapers

Website brochures

Facebook conference

1. **EDUCATIONAL BACKGROUND**

|  |  |  |  |
| --- | --- | --- | --- |
| **PRESCHOOL** | **NAME AND ADDRESS OF SCHOOL** | **SCHOOL YEAR ATTENDED** | **APPROX. YEARLY FEES (TOTAL OF TUITION & MISC. FEE)** |
| **NURSERY** |  |  |  |
| **KINDER** |  |  |  |
| **PREP** |  |  |  |
| **BASIC EDUCATION** | **NAME AND ADDRESS OF SCHOOL** | **SCHOOL YEAR ATTENDED** | **APPROX. YEARLY FEES (TOTAL OF TUITION & MISC. FEE)** |
| **GRADE 1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
| **9** |  |  |  |
| **10** |  |  |  |
| **11** |  |  |  |
| **12** |  |  |  |
| **COLLEGIATE** | **NAME AND ADDRESS OF SCHOOL** | **SCHOOL YEAR ATTENDED** | **APPROX. YEARLY FEES (TOTAL OF TUITION & MISC. FEE)** |
| **YEAR I** |  |  |  |
| **II** |  |  |  |
| **III** |  |  |  |
| **IV** |  |  |  |
| **SPECIAL EDUCATION** | **NAME AND ADDRESS OF SCHOOL** | **SCHOOL YEAR ATTENDED** | **APPROX. YEARLY FEES (TOTAL OF TUITION & MISC. FEE)** |
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1. **FAMILY BACKGROUND**

|  |  |  |
| --- | --- | --- |
| FATHER |  | MOTHER |
|  | NAME |  |
|  | CITIZENSHIP |  |
|  | HOME TELEPHONE NO. |  |
|  | MOBILE TELEPHONE NO. |  |
|  | PROFESSION |  |
|  | COMPANY NAME |  |
|  | BUSINESS ADDRESS |  |
|  | OFFICE TELEPHONE NO. |  |

**BROTHERS and SISTERS (Please list from eldest to youngest)**

|  |  |  |
| --- | --- | --- |
| NAME | AGE | SCHOOL / OCCUPATION |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**ANNUAL GROSS FAMILY INCOME:**

Below P 100,000 P 500,001 – P 700,000 P 2,000,001 and above

P 100,001 – P 300,000 P 700,001 – P 1,000,000

P 300,001 – 500,000 P 1,000,001 – P 2,000,000

1. **MEDICAL INFORMATION**

PLEASE PUT A CHECK (🗹) MARK ON THE APPROPRIATE SPACE, IF APPLICABLE:

DEVELOPMENTAL DIAGNOSIS:

Autism Intellectual Disability Down Syndrome

Cerebral Palsy ADHD Learning Disability

Feeding Disorder Global Developmental Delay Visual Impairment

Hearing Impairment Language Delay Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASSOCIATED PROBLEMS:

Seizure Disorder Lung Problem Allergies (please specify) Asthma Kidney Problem \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT MEDICATIONS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERTINENT PRECAUTIONARY MEASURES TO CONSIDER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pertinent Precaustionary Measures to Consider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **SERVICE INFORMATION**

If applicable, Put a check mark (🗹) on the service/s your child is receiving and specify how often and where these are being received:

|  |  |  |  |
| --- | --- | --- | --- |
| **OCCUPATIONAL THERAPY**  Schedule:  1x / week  2x / week  3x / week  1x / month  2x / month  None  Others \_\_\_\_\_\_\_  Where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **PHYSICAL THERAPY**  Schedule:  1x / week  2x / week  3x / week  1x / month  2x / month  None  Others \_\_\_\_\_\_\_  Where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **SPEECH THERAPY**  Schedule:  1x / week  2x / week  3x / week  1x / month  2x / month  None  Others \_\_\_\_\_\_\_  Where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **ACADEMIC TUTORIALS**  Schedule:  1x / week  2x / week  3x / week  1x / month  2x / month  None  Others \_\_\_\_\_\_\_  Where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ADDITIONAL NOTES**: Please write any other pertinent personal information that may help us serve your child better.

1. **CERTIFICATION**

I certify that the information given herein is correct and complete. Deletion and/or falsification of information on this form may nullify my application and/or subject my child’s to dismissal from the APDM.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature above printed name Date

(To be completed by the evaluator)

**Evaluator’s Feedback:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Information:**

Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Category

Regular

Inclusion

Mainstream

Other Recommendations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator’s signature and printed name

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_