

# PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

## PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

\_\_\_\_\_, born \_\_\_\_\_ is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)

\_\_\_\_\_. This Child Care Center/School provides a program which extends from \_\_\_\_\_ : \_\_\_\_\_  
(NAME OF CHILD CARE CENTER/SCHOOL)  
a.m./p.m. to \_\_\_\_\_ a.m./p.m. , \_\_\_\_\_ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_  
(TODAY'S DATE)

## PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: \_\_\_\_\_ Allergies: medicine: \_\_\_\_\_

Vision: \_\_\_\_\_ Insect stings: \_\_\_\_\_

Developmental: \_\_\_\_\_ Food: \_\_\_\_\_

Language/Speech: \_\_\_\_\_ Asthma: \_\_\_\_\_

Dental: \_\_\_\_\_

Other (Include behavioral concerns): \_\_\_\_\_

Comments/Explanations: \_\_\_\_\_

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: \_\_\_\_\_

### IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

#### SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).  
\_\_\_ Communicable TB disease not present.

I have  have not  reviewed the above information with the parent/guardian.

Physician: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_  
Date This Form Completed: \_\_\_\_\_  
Signature \_\_\_\_\_

Physician  Physician's Assistant  Nurse Practitioner

# PERSONAL RIGHTS

## Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME  
Department of Social Services Community Care Licensing

ADDRESS  
750 The City Drive South #250

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Orange	92668	714) 703 - 2800

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

**PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

**ACKNOWLEDGMENT:** I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

**Buena Park Lovely Preschool**

(PRINT THE NAME OF THE CHILD)

(PRINT THE ADDRESS OF THE FACILITY)

**8771 Valley View St. Buena Park, CA 90620**

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Department of Social Services Community Care Licensing

Licensing Office Address: 750 The City Drive #250. Orange CA, 92668

Licensing Office Telephone #: 714) 703 - 2800

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.**

**For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)**

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Buena Park Lovely Preschool

Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

\_\_\_\_\_  
Date

**NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.**

**For the Department of Justice "Registered Sex Offender" database go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)**

# CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT **병력 조사서**

CHILD'S NAME <b>어린이 이름</b>	성별 SEX	BIRTH DATE <b>생년월일</b>
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME <b>아버지 이름</b>	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD? <b>아버지와 같이 사는지?</b>	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME <b>어머니 이름</b>	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD? <b>어머니와 같이 사는지?</b>	
IS/HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN? <b>정기적으로 의사의 진찰을 받는지?</b>	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION <b>마지막 정기 진단 날짜</b>	

**DEVELOPMENTAL HISTORY** (\*For infants and preschool-age children only) \*은 0~4세만 해당

WALKED AT* <b>아이가 걷기 시작한 때</b>	MONTHS	BEGAN TALKING AT* <b>아이가 말하기 시작한 때</b>	MONTHS	TOILET TRAINING STARTED AT* <b>화장실 훈련을 시작한 때는?</b>	MONTHS
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**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses: 병력 기록**

	DATES 날짜		DATES 날짜		DATES 날짜
<input type="checkbox"/> Chicken Pox 수두		<input type="checkbox"/> Diabetes 당뇨병		<input type="checkbox"/> Poliomyelitis 소아마비	
<input type="checkbox"/> Asthma 천식		<input type="checkbox"/> Epilepsy 경기		<input type="checkbox"/> Ten-Day Measles (Rubeola) 홍역	
<input type="checkbox"/> Rheumatic Fever 류마티스 열병		<input type="checkbox"/> Whooping cough 백일해		<input type="checkbox"/> Three-Day Measles (Rubella) 풍진	
<input type="checkbox"/> Hay Fever 건초열		<input type="checkbox"/> Mumps 이하선염(볼거리)			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS  
**그 외에 병명 혹은 사고내역**

DOES CHILD HAVE FREQUENT COLDS? <b>감기에 잘 걸리는지?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR? <b>작년에 감기걸린 횟수</b>	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF <b>주의해야할 알러지는?</b>
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**DAILY ROUTINES** (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
<b>일어나는 시간</b>	<b>자는 시간</b>	<b>잠은 잘 자는지?</b>
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
<b>낮잠을 자는지?</b>	<b>언제?</b>	<b>얼마나?</b>
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST <b>아침</b>	WHAT ARE USUAL EATING HOURS? <b>식사하는데 걸리는 시간</b>
	LUNCH <b>점심</b>	BREAKFAST _____
	DINNER <b>저녁</b>	LUNCH _____
		DINNER _____

ANY FOOD DISLIKES? <b>싫어하는 음식은?</b>	ANY EATING PROBLEMS? <b>식사하는데 문제점은?</b>
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE?*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<b>화장실 연습은?</b>	<b>되었다면 얼마나?</b>	<b>대변은 정상적인지?</b>	<b>언제 대변을 보는지?</b>
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*
<b>대변을 부르는 말은(용어)?</b>	<b>소변을 칭하는 용어는?</b>

PARENT'S EVALUATION OF CHILD'S HEALTH  
**부모가 보는 아이의 건강상태는?**

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>의사가 돌보는지</b>	IF YES, NAME OF DOCTOR: <b>의사 이름</b>	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>처방약은?</b>	IF YES, WHAT KIND AND ANY SIDE EFFECTS: <b>종류이름/부작용</b>
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DOES CHILD USE ANY SPECIAL DEVICE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO <b>특수장비 사용은</b>	IF YES, WHAT KIND: <b>어떤 종류</b>	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>집에서는?</b>	IF YES, WHAT KIND: <b>어떤 종류</b>
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PARENT'S EVALUATION OF CHILD'S PERSONALITY  
**부모가 보는 아이의 성격은?**

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?  
**어린이가 부모, 형제, 자매, 다른 어린이들과 잘 지내는지?**

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?  
**단체 활동 경험이 있는지?**

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)  
**어린이에게 특별한 문제나 공포심, 필요한 것이 있는지?**

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?  
**아플 때는 어떻게?**

REASON FOR REQUESTING DAY CARE PLACEMENT  
**어린이를 Daycare에 맡기는 이유는?**

PARENT'S SIGNATURE	DATE
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# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Buena Park Lovely Preschool

FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_ . THIS CARE MAY BE GIVEN UNDER

NAME **어린이 이름**

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES: **어린이에게 알려지에 대한 약이 있는지**

DATE **날짜**

**부모 사인** PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

**집 주소**

HOME PHONE **집 전화**

( )

WORK PHONE **직장 전화**

( )



Parent/School Contract

8771 Valley View  
Buena Park, CA 90620  
714) 821 - 4325

To the Director of Buena Park Lovely Preschool.

As the parent/guardian of \_\_\_\_\_, I give permission to the Buena Park Lovely Preschool to provide transportation for my children. I also acknowledge the fact that Buena Park Lovely Preschool shall not be responsible for all accidents that may occur during pick up and drop off. I shall take full responsibility of my children's medical expenses if any accidents were to occur.

Print Name of Child \_\_\_\_\_

Print Name of Parent/Guardian \_\_\_\_\_

Relationship of Child \_\_\_\_\_

Date \_\_\_\_\_

I fully understand the contract above.

Parent/Guardian's Signature \_\_\_\_\_

JOY HAN (Director of Preschool) \_\_\_\_\_

A variety of activities are offered throughout the day. We recommend study, comfortable, washable clothes. Please dress your child in clothes that can get dirty. Dress your child in clothes that are easily removable for toileting. Thongs and long dresses are not acceptable at the School. initial \_\_\_\_\_

\*\*\*\*\*

Naptime is from 1:30PM. to 3:30PM. Every child needs to bring a crib size sheet and blanket on Monday, and they are to be taken home on Fridays to be washed. A security items may be brought with your child. Please label all items to School. initial \_\_\_\_\_

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Share toys are fun for children, therefore we have set aside Fridays for the children bring their toys to share. Please only bring toys from home on Fridays. Guns, and War-like toys are not allowed at School. initial \_\_\_\_\_

\*\*\*\*\*

Our teaching based on christian education. initial \_\_\_\_\_

\*\*\*\*\*

We reserve the right to dismiss a child from Buena Park Lovely Preschool if the following occur :

- 1. Failure to follow school rules.
- 2. Continual late pick-up.
- 3. Behavior problem for child or parent.
- 4. Continual lack of tuition payment.

\*\*\*\*\*

I have read, understand and will comply with the policies set forth :  
Buena Park Lovely Preschool.

My child will attend \_\_\_\_ Days per week at \$ \_\_\_\_\_/Monthly,  
Payable in advance. Date : \_\_\_\_\_ Pay to order : Lovely School

\*\*\*\*\*

I, as the parent/guardian of \_\_\_\_\_, have read and throughly understand the above ADMISSION AGREEMENT. Any questions I may have been answered and I understand that I am fully responsible for the information contained in it.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent / Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Administrator

# ADMISSION AGREEMENT

BUENA PARK LOVELY PRESCHOOL  
8771 VALLEY VIEW STREET  
BUERNA PARK, CA 90620  
714) 821 - 4325

As the parent/guardian of \_\_\_\_\_ , I hereby agree to comply with the rules and regulations of Buena Park Lovely Preschool regarding fees, attendance, and other items specified in the "Parent Information" brochure, the tuition schedule, and this Admission Agreement issued by Buena Park Lovely Preschool.

I am aware and will be responsible for the following information ;  
School hours 7:30AM. to 6:00PM.(Monday to Friday with exception on the following holidays Labor Day, Veterans Day, Thanksgiving Day, and the Day after Thanksgiving Day, Christmas Eve, and Christmas Day, The Day After Christmas Day, New Years Day, Martin Luther King Jr's Birthday, Presidents' Day, Memorial Day, Independence Day. initial \_\_\_\_\_

Tuition is to be paid on the beginning day. Tuition will be paid in full, if the child is enrolled, there will be "NO CREDIT" given for absences, This mean you will pay the amount of your regular monthly tuition whether your child attends the Preschool or not. A 10% fee will be charged for tuition paid after 3days. An initial registration fee of \$100.<sup>00</sup> is due upon enrollment of your child. initial \_\_\_\_\_

One week free vacation will be given after one year of enrollment, but one week's notice needs to be given. If your child is going to be out for more than one month, ½ the monthly tuition will be charged in order to hold your child's space. During the year, you must pay your regular tuition amount even if holiday falls on one of your days of attendance. initial \_\_\_\_\_

There is a \$ 35.<sup>00</sup> charge for all returned checks, no exceptions. initial \_\_\_\_\_

Our School closed at 6:00PM. sharply. If you arrive after 6:00PM. to pick your child up there will be a late fee due at the time you pick your child up. The fee is \$5.<sup>00</sup> for the first fifteen minutes and \$1.<sup>00</sup> per minute there after. These fee are charged due to the fact that our staff is not paid after 6:00PM. initial \_\_\_\_\_

If your child has medication to be taken during school hours, we will administer it if it's prescribes by a doctor and is accompanied by a doctor's note. initial \_\_\_\_\_

We treat all children with respect , we do not yell or touch a child to discipline them. Here are the general rules we use ;

1. Keep your hands to yourself.
2. Raise your hand when you want to speak.
3. Stay in the area designated by your teacher.
4. Remember - Safety comes first !

If rules are not obeyed, we warn them verbally, using eye to eye contact and speak in a low voice. If this fails, we ask the child to find another activity and place them away from the area he or she is having problems in. initial \_\_\_\_\_



# IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME 어린이이름	LAST	MIDDLE	FIRST	SEX 성별	TELEPHONE 전화번호 ( )
ADDRESS 주소	NUMBER	STREET	CITY	STATE	ZIP
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME 아버지이름	LAST	MIDDLE	FIRST	BIRTHDATE 생년월일	BUSINESS TELEPHONE 직장전화 ( )
HOME ADDRESS 집 주소	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME 어머니이름	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE 직장전화 ( )	HOME TELEPHONE 집전화 ( )
HOME ADDRESS 집 주소	NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD 어린이를 돌보는 사람 이름	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE 집 전화 ( )	BUSINESS TELEPHONE 직장전화 ( )

## ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY 비상시 연락할 수 있는 사람

NAME 이름	ADDRESS 주소	TELEPHONE 전화	RELATIONSHIP 관계

## PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY 비상시 연락 할 병원

PHYSICIAN 의사 이름	ADDRESS 주소	MEDICAL PLAN AND NUMBER 의료보험과 넘버	TELEPHONE 전화 ( )
DENTIST 치과 의사	ADDRESS 주소	MEDICAL PLAN AND NUMBER	TELEPHONE 전화 ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN? 담당 의사와 연락이 안 될 경우에 할 수 있는 선택

- CALL EMERGENCY HOSPITAL       OTHER      EXPLAIN: \_\_\_\_\_

## NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

어린이를 Daycare에서 메리고 갈 사람 NAME 이름	RELATIONSHIP 관계

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE 부모 사인

DATE 날짜

## TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION

DATE LEFT

## 어린이 교육자료 • CHILD INFORMATION

어린이 이름 CHILD NAME	한글 KOREAN	성별 SEX	남 MALE	생년월일 BIRTHDATE
	영어 ENGLISH		여 FEMALE	
주소 ADDRESS				
전화번호 TELEPHONE	입학전 경력 PREVIOUS SCHOOL RECORDS			

## 보호자 • LEGAL GUARDIAN

	이름 NAME		생년월일 BIRTHDATE	직업 OCCUPATION	직장전화 WORK PHONE NO	종교 RELIGION	소셜번호 SOCIAL NO	휴대폰번호 CELL PHONE NO
	한글 KOREAN	영어 ENGLISH						
아버지 FATHER								
어머니 MOTHER								
보호자 GUARDIAN								
이메일주소 E-MAIL								

## 긴급 연락처 • EMERGENCY INFORMATION

지정병원/의사 DESIGNATED HOSPITAL/DOCTOR		전화 TELEPHONE NO	
친척/이웃 RELATIVE/NEIGHBORS		전화 - 낮 PHONE NO - DAY	
친척/이웃 RELATIVE/NEIGHBORS		전화 - 낮 PHONE NO - DAY	
친척/이웃 RELATIVE/NEIGHBORS		전화 - 낮 PHONE NO - DAY	

## 가족 사항 • FAMILY INFORMATION

출생지 BIRTHPLACE	언어 LANGUAGE		한어 KOREAN ( )	스페인어 SPANISH ( )
			영어 ENGLISH ( )	기타 OTHER ( )
가족사항 FAMILY MEMBER NAME	아버지 FATHER			동거 합계 NO OF PEOPLE IN HOUSEHOLD
	어머니 MOTHER			
	형제 BROTHERS			
	자매 SISTERS			
	기타 OTHER			
어린이의 특기 SPECIAL TALENTS			어린이의 취미 CHILD'S HOBBIES	
좋아하는 음식 FAVORITE FOOD			싫어하는 음식 DISLIKED FOOD	
어린이의 성격 CHARACTER			알러지 ALLERGY	

부탁하시고 싶은 말씀/지도상 희망사항 등  
REMARKS OR SPECIAL INSTRUCTIONS

**현주소나 전화번호가 바뀌었을 때는 즉시 연락해주시기 바랍니다.**  
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