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|  | FICHA DE INSCRIPCIÓN / REGISTRATION FORMYEAR 2024-2025 |

FOTO

TAMAÑO

CARNET

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FECHA INGRESO/  START DATE (DD/MM/YYYY): | | | | | NORMAL/OCCASIONAL: | | | | | | |
| TIME SLOT: | | | | | EDAD INGRESO /  AGE ON START DATE: | | | | | | |
| IDENTIFICACIÓN / IDENTIFICATION | | | | |  | | | | | | |
| APELLIDO PATERNO /  FATHER’s SURNAME: | | APELLIDO MATERNO /  MOTHERS’s SURNAME: | | | | | | NOMBRE DEL NIÑO /  NAME OF THE CHILD: | | | |
| RUT Ó PASAPORTE /  RUT OR PASSPORT: | | | | | NACIONALIDAD /  NATIONALITY: | | | | | | |
| FECHA DE NACIMIENTO /  BIRTH DATE (DD/MM/YYYY) | | | | |  | | | | | | |
| DIRECCIÓN /  ADDRESS: | | | | | | | | | | | |
| PADRES / PARENTS |  | | | | | | | | | | |  |
| NOMBRE DE LA MADRE /  MOTHER’S NAME: | | | | | | | | | | | |
| FECHA DE NACIMIENTO /  BIRTH DATE: | | | | | RUT Ó PASAPORTE /  RUT OR PASSPORT: | | | | | | |
| NACIONALIDAD /  NATIONALITY | | | | | ESTUDIOS /  EDUCATION: | | | | | | |
| ACTIVIDAD /  ACTIVITY: | | | | | | | | | | | |
| LUGAR DE TRABAJO /  PLACE OF WORK: | | | | | | | | | | | |
| TELÉFONO /  TELEPHONE: | | | | | MOVÍL /  MOBILE: | | | | | | |
| CORREO ELECTRÓNICO /  EMAIL: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| NOMBRE DEL PADRE /  FATHER’S NAME: | | | | | | | | | | | |
| FECHA DE NACIMIENTO /  BIRTH DATE: | | | | | | | RUT Ó PASAPORTE /  RUT OR PASSPORT: | | | | |
| NACIONALIDAD /  NATIONALITY | | | | | ESTUDIOS /  EDUCATION: | | | | | | |
| ACTIVIDAD /  ACTIVITY: | | | | | | | | | | | |
| LUGAR DE TRABAJO /  PLACE OF WORK: | | | | | | | | | | | |
| TELÉFONO /  TELEPHONE: | | | | | MOVÍL /  MOBILE: | | | | | | |
| CORREO ELECTRÓNICO /  EMAIL: | | | | | | | | | | | |
| ANTECEDENTES FAMILIARES / FAMILY BACKGROUND | | | | | | | | | | | |
| PERSONAS QUE VIVEN CON EL NIÑO POR ORDEN DE EDAD:  PERSONS LIVING WITH THE CHILD IN ORDER OF AGE | | | | | | | | | | | |
| NOMBRE / NAME | EDAD / AGE | | RELACIÓN CON EL NIÑO / RELATION WITH CHILD | | | | | | ACTIVIDAD / ACTIVITY | | |
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| **ESTADO DE SALUD DEL NIÑO/ HEALTH INFORMATION** | | | | | | | | | |
| Peso al nacer /  Weight at Birth: | | | | | Peso Actual /  Current WEIGHT: | | | | | | |
| ENFERMEDADES/  DISEASES (IF ANY): | | | | | | | | | | | |
| OPERACIONES / SURGERY (IF ANY): | | | | | | | | | | | |
| ACCIDENTES / ACCIDENTS (IF ANY): | | | | | | | | | | | |
| ALERGIAS / ALLERGIES (IF ANY): | | | | | | | | | | | |
| GRUPO SANGUÍNEO (BLOOD GROUP): | | | | | | | | | | | |
| VACUNAS AL DÍA / VACCINATIONS TO DATE | SI: | | | | | | | | NO: | | |
| EN CASO DE URGENCIA AVISAR A / IN CASE OF EMERGENCY TO CONTACT: | | | | | | | | | | | |
| NOMBRE /  NAME: | | | | | | FONO /  PHONE: | | | | | |
| NOMBRE /  NAME: | | | | | | FONO /  PHONE: | | | | | |
| **ISAPRE**: | | | | | | | | | | | |
| PERSONAS AUTORIZADAS / AUTHORIZED PERSONS Se autoriza a las siguientes personas para retirar al niño(a) / The following persons are authorized to pick up the child: | | | | | | | | | | |
| NOMBRE /  NAME: | | | | RUT/Pasaporte: | | | | | | | |
| NOMBRE /  NAME: | | | | RUT/Pasaporte: | | | | | | | |
| NOMBRE /  NAME: | | | | RUT/Pasaporte: | | | | | | | |
| OBSERVACIONES GENERALES / GENERAL OBSERVATIONS: | | | | | | | | | | | |
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