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| **BOLETA DE PRE-INSCRIPCIÓN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **USO OFICIAL** | | | | | | | |
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| **\*Favor de cumplimentar la Boleta de Pre-Inscripción en su totalidad en letra de molde.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **USI:** | | | | |  | | |
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| **Nombre del Niño[a]:** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fecha de Nacimiento:** | | | | | | | | Click here to enter a date. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Dirección Postal:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Dirección Residencial:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Teléfonos:** | | |  | - | |  | | | | | - |  | | | | | | / | |  | | | | - |  | | | | | | | | | | - | | |  | | | | |  | | | |
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| **Nombre del Padre:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Nombre de la Madre:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Programa que Solicita:** | | | | | | | | | Choose an item. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Centro:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **¿Su niño[a] tiene alguna condición de salud?** | | | | | | | | | | | | | | | | | | | | | |  | | No | | | |  | | | | | Si: | | |  | | | | | | | | | |
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| **¿Su niño[a] tiene alguna dieta especial o alergia a alimento?** | | | | | | | | | | | | | | | | | | |  | | | No | |  | | | | Si: | | | | |  | | | | | | | | | | | | | |
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| **¿Su familia tiene alguna situación social que le afecte?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | No | | |  | | | Si: | |  | | | | |
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| **¿Su niño[a] tiene algún impedimento?** | | | | | | | | | | | | | | | | |  | | | | No | |  | | | | Si: | | | | |  | | | | | | | | | | | | | | |
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| **Firma del Oficial de Reclutamiento:** | | | | | | | | | | | | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **CERTIFICACIÓN** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yo |  | | | | | | | | | | | | | | | | | | | | | | | | | certifico que toda la información | | | | | | | | | | | | | | | | | | | | |
| suministrada es verdad. Comprendo si alguna parte de la información suministrada es falsa, mi participación en el programa se podría ver afectada o de ser necesario se tomará acción legal sobre la situación. Entiendo que la información suministrada en esta aplicación será salvaguardada por la Agencia en estricta confidencialidad y estará accesible para mí en las horas normales de servicio según el protocolo. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nombre en letra de molde de encargado | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | |  | | | Firma del encargado | | | | | | | | | | | | | |
| **Fecha:** | | Click here to enter a date. | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | |