



**Ministry of Education and Human Resource Development  
Department of Early Childhood Development**

**Application for Admission of a Child to the  
\_\_\_\_\_ Preschool/Daycare**

**FOR OFFICIAL USE ONLY**

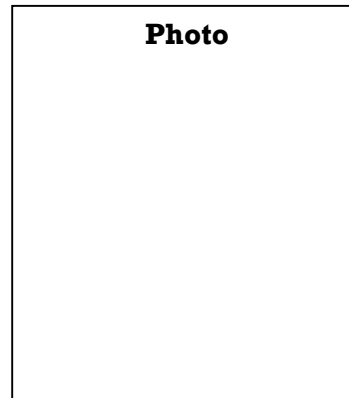
**Name of Child:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Month Year

**Sex:** Male: \_\_\_\_\_ Female: \_\_\_\_\_

**Religion:** \_\_\_\_\_  
\_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Date of Full Immunization:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(See Details under Health) Date Month Year

**Dates of Admission:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Month Year

**I hereby make application for admission  
of \_\_\_\_\_**

**to the \_\_\_\_\_ Preschool/Daycare**

**Name of Applicant:** \_\_\_\_\_

**Contact Information**

**Tel:** (C) \_\_\_\_\_ / (W) \_\_\_\_\_ / (H) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Information about the Child and Family**

**Name of Child:** \_\_\_\_\_

**Person with whom your child lives:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Number of Children in the Family:** \_\_\_\_\_ (M) \_\_\_\_\_ (F)

**Place of Child in the Family:** \_\_\_\_\_

**Name of Mother:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Tel: Numbers: (C)** \_\_\_\_\_ / **(W)** \_\_\_\_\_ / **(H)** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Mother's Occupation:** \_\_\_\_\_

**Name of Father:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Tel: Numbers: (C)** \_\_\_\_\_ / **(W)** \_\_\_\_\_ / **(H)** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Father's Occupation:** \_\_\_\_\_

**Names of people authorized to collect your child:** \_\_\_\_\_

**In case of an emergency please call:**

**1. Name of Person:** \_\_\_\_\_

**Tel: (C)** \_\_\_\_\_ / **(W)** \_\_\_\_\_ / **(H)** \_\_\_\_\_

**2. Name of Person:** \_\_\_\_\_

**Tel: (C)** \_\_\_\_\_ / **(W)** \_\_\_\_\_ / **(H)** \_\_\_\_\_

**Health Information**

1. List any health problems, including allergies, of your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. List any medication that your child takes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. List any foods that your child is unable to eat/drink: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. List any disabilities of your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Complete the table below for the immunizations that your child has received.

Immunizations	Yes	No	Remarks (If no, explain)
<b>B.C.G/Polio</b> HIB DPT HEP B (3 Doses)			
<b>M.M.R</b> (1 Dose)			
<b>D P T/ Polio</b>			
<b>Other</b>			

**General Information**

1. Please list some things that your child enjoys doing: \_\_\_\_\_

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

2. Please list any other information that you would like us to know to be better able to help your child: \_\_\_\_\_

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

I declare that the above information is true to the best of my knowledge.

\_\_\_\_\_  
**Name in Full  
Parent/Guardian**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**AGREEMENT BETWEEN CENTRE AND PARENT/GUARDIAN**

The terms of this agreement serves to provide protection to the children, parents/guardians receiving services; and to the Centres providing the services. This is to ensure that the Centre has the support and funds required for the proper administration of all its services.

**A. Early Childhood Development Centre**

In accordance with the Regulations of the Ministry of Education and Human Resource Development for the administration of Early Childhood Development Centres, I agree to provide your child with the facilities required for proper housing and services that foster the holistic development of your child:

\_\_\_\_\_ (Child's Name)

I also agree to notify you the parents/guardians of any major developments or events which may affect the child, and to seek authorization, where necessary for any required action outside the Centre's normal activities.

\_\_\_\_\_  
**Signature  
Administrator/Principal**

\_\_\_\_\_  
**Date**

**B. Parent**

1. I agree to adhere to all rules of the Ministry of Education and Human Resource Development
2. I agree to attend Parent Teachers' Association (PTA)/Preschool Development Committee (PDC) meetings whenever called by the Centre's administrator/principal
3. I agree to give helpful information to assist the Centre with my child's development or arrangements for my child
4. I give consent for my child to participate in activities organized at the Centre and to go on educational field trips.
5. I agree to pay in advance the enrolment fee of \_\_\_\_\_ (\$\_\_\_\_\_) and the administration fee of \_\_\_\_\_ (\$\_\_\_\_\_) which are due every week/month/term.

6. I understand that if my child remains at the Centre past the closing time, I may be charged and I agree to pay for each additional half hour at the agreed overtime rate, if necessary arrangements are not made with the Centre prior to the specified time.

**Centre hours are as follows:**

Arrival time \_\_\_\_\_ Departure Time \_\_\_\_\_

Overtime rate \_\_\_\_\_ (\$ \_\_\_\_\_) per half hour.

7. In the event of any physical accident or emergency illness, if I am not immediately available, the Centre administrator/principal is authorized to seek medical attention for the child from the nearest medical practitioner or hospital. Emergency transportation to the medical centre may also be provided, without liability of the driver of the Centre.
8. I agree to assist the Centre, wherever possible in its efforts to improve the facilities or services provided to my child's development

..... <b>Parent/Guardian</b> <b>Full Name</b>	..... <b>Signature</b>	..... <b>Date</b>
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Please find enclosed the sum of \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (\$ \_\_\_\_\_)  
as \_\_\_\_\_  
\_\_\_\_\_

**Note: All Application Forms must be accompanied by a the child's Birth Certificate, Health Passport and completed Health Review Form 105 or 105(A)**