



Serial No: HK/PFL/ _____ / 10

APPLICATION FOR ADMISSION TO A CHILDCARE CENTRE

SECTION A: CHILD'S INFORMATION

Name as in Birth Certificate / Passport: _____

Gender: Girl Boy Nationality: _____

HKID / UIN / FIN: _____ Religion: _____

Total No. of Children in Family: _____ Birth Order: _____

Native(s): _____

SECTION B: PARENT'S INFORMATION

Parent / Guardian Name: _____ HKID / UIN / FIN: _____

Address: _____

Contact No: (Hp no) _____ (Email) _____

Parent / Guardian Name: _____ HKID / UIN / FIN: _____

Address: _____

Contact No: (Hp no) _____ (Email) _____

SECTION C: CHILD'S HEALTH CONDITION

Does your child have any allergies, medical conditions, physical abnormalities or learning difficulties? Yes No

If "Yes", give full details _____

Language spoken (other than English): _____ Previous school if any: _____

Family Doctor's Name: _____ Family Doctor's Tel No: _____

Family Hospital Address: _____

Emergency Contact Name: _____ Telephone no: _____

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SECTION D: TYPES OF PROGRAMME

Please tick your preferred class:

<input type="checkbox"/> Playgroup (18 mths – 2 ½ yrs old)	Day: _____	Time: _____
<input type="checkbox"/> Pre-Nursery (2 ½ - 4 yrs old)	Day: _____	Time: _____
<input type="checkbox"/> Kindergarten (4 – 6 yrs old)	Day: _____	Time: _____

SECTION E: BILLING DETAILS

If you require invoices to be sent to your employment rather than to yourself, please complete the details below:

Name of Contact Person: _____

Telephone No: (Hp no) _____ (H) _____ (O) _____

Email Address: _____

Mailing Address: _____

SECTION E: PICK UP AUTHORISATION

The following named individuals are the only persons authorized to pick up my child from the Centre. The Centre is indemnified from any damages, claims or any liabilities which might result from the staff of the Centre releasing my child to me or to any person named below.

Name: _____	Name: _____
HKID: _____	HKID: _____
Relationship to child: _____	Relationship to child: _____
Contact No: _____	Contact No: _____

SECTION F: CONSENT AND ACCEPTANCE

1. I certify that the information provided above is true and correct.
2. I understand and accept that a signed Enrolment Contract is required before my child can start school.
3. I agree that in the even of a medical need, my child should be taken to the nearest hospital or (enter alternative hospital name and addrees, if any) _____
4. I agree to pay all medical and other expenses incurred in the treatment of my child.
5. I consent to the use of images of my child participating in school activities on the Modern Montessori Pre-school Centre Hongkong website and in promotional materials.
6. I acknowledges receiving a copy of the Parent's Handbook and read the Rules and Regulations of the Centre as outlined and agrees to abide by the terms and conditions.

Name and Signature of Parent

Date

OFFICIAL USE ONLY

Date of Admission: _____ / _____ / _____ (dd/mm/yyyy)

Date of Birth: _____ / _____ / _____ (dd/mm/yyyy)

Child's School I.D: _____ Date of Commencement: _____

Payment Date: _____ Amount Paid: _____

Cash or Cheque No: _____ Receipt No: _____

