|  |  |  |  |
| --- | --- | --- | --- |
| (To be filled in by School) |  |  | (Photo)  |
| Cross **CR NO./YEAR/CP NO.** |  |  |
| Ref. No.： / /  | **Caritas Pre-school Education & Child Care Service** |
| Registration Date： ˍˍˍˍˍˍ | **Caritas Zonta Club of Hong Kong Nursery School** |
|  |  | **Application Form** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

Name (Chinese) (English) Sex

Date of Birth / / (Yr/Month/Day) Place of Birth HK Birth Certificate No.

Age Religion Native Place

Address

Telephone No. Email Address Language used by parents

Nursery/Kindergarten attended Class attented Class Applied for

Any children/relative/friend □ Yes Name Relationship w/ Children

attending/attended this school □ No

**Details of Family Member(s)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Father** | **Mother** | **Guardian** |
| Name (Chinese) |  |  |  |
| Name (English) |  |  |  |
| HKID No. *(first 4 digits)* |  |  |  |
| Academic Qualification(Primary school/Secondary school/Tertiary Institute/Others) |  |  |  |
| Occupation |  |  |  |
| Office Tel No. |  |  |  |
| Mobile Phone No. |  |  |  |
| Working District |  |  |  |
| Relationship with children | NA | NA |  |

**Other Relatives living together Children**(including unmarried children and dependent parents)：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Sex | Age | Relationship w/Children | Occupation/Class Attending |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

 (to be cont.)

|  |  |
| --- | --- |
| **Way(s) of knowing our school：****(**Please indicate with “✓” in the appropriate boxes :**)** |  🗆 Relative(s) / 🗆 Friend(s) / 🗆 Website / 🗆 School Activity / 🗆 District Activity |
| 🗆 Other (Please specify) :  |

**Reason(s) of selecting our school**：

**Whether parents will apply for Fee Remission Scheme**： 🗆 Yes 🗆 No

Remarks：

|  |
| --- |
| **Personal information collection statement** |
| - | The personal data of you and your children collected by our Service will be used to provide appropriate service or assistance, to monitor, evaluate and improve our service quality. |
| - | The information will be made available to our staff on a need-to-know basis. It may be disclosed to the relevant departments or organizations as requested when supporting services are applied from them. |
| - | You can request for access to and correction of your or your children’s personal data. |

I hereby declare that all the above information is true and complete.

Signature：

Date ：

(FOR NURSERY SCHOOL/KINDERGARTEN USE ONLY)

Date of Admission ：

Date of Discharged ：

Reason of Discharged：Graduation/Removal/Other

Remarks ：

Calculation of Fee Remission：

1. Total Family Income(Yearly)： 2. Total Family Members：

3. Estimated Amount of Fee Remission Level： □ 100% □ 75% □ 50% □ No Remission

 **Revised on 1/9/2016**