

Christian Family Service Centre Cheerland Kindergarten & Child Care Centre Admission Application (0-2 Ages Classes)

For School Use Only
App. No.:
Date of Submission:
Student No.:

I.	Applicant's Information (Write in Block Letter)													
Student Name: (Chi)			(Eng)											
*Date of Birth/														
Expected due date:			Birth Certificate No:			Applicant's								
Age:						Applicant's Latest Photo								
								Ad	dress:					
								Ар	plication Date:	(DD/MM/YY)	Expected Start	t Date:	_(DD/MM/YY)	* Delete as appropriate
II.	Parents' Informa	ntion	_											
	Name	Relationship	Occupation	Contact No. (Day)	Contact No. (Night)	Remarks								
		Father		(Day)	(1.1.8.1.1)									
		Mother												
Rea	·	plication Friends	ers: *Day/Night and Relatives	Others	aflet/Poster/Exhil									
	Siblings	s study in this school (N	lame / Year)											
3. ((Ba 5. 03: *A	Completed Application Copy of applicant's Interpretation Systems of application Systems of Application Systems of the completed on the complete of the complet	on Form mmunization record	4. Three enve or mail application n or by post.	lopes with addres	tificate (Baby was	and stamp(s)								
	ease "√" as approp	orioto												
	I certify the above provided information is correct and for school reference only. I understand that I can contact the school for any changes. According to PDPO, all application forms of unsuccessful applicants will be shredded.													
Dai	ent's signature:			 Dat	۵۰									

(Revised date: 6/2020)