

## 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 Certifica	te No:			
Age:		Gender:		Applicant's  Latest Photo		
Contact No:		Email:				
Address:						
	(DD/MM/YY) Expected Start Date:(DD/MM/			* Delete as appropriate		
II. Parents' Informa	ition					
Name	Relationship	Occupation	Contact No. (Day)	Contact No (Night)	Remarks	
	Father					
	Mother					
Reason for applying: Look after Situation:  Referred by:  Self-ap Others	By family □By oth	ners: *Day/Night	Others			
Sibling	s study in this school (N	Name / Year)				
IV. Documents and 1. Completed Applicatio 3. Copy of applicant's Ir (Baby was borned only) 5. \$40 Application Fee	on Form  mmunization record )	4. Three env	oplicant's Birth Cer elopes with addres on, please deposit	s, student name	• •	
030-001580-006 and re			, , ,		,	
*All submission of docu *Completed document Please "√" as approp	s will be processed.	n or by post.				
I certify the above				•	d that I can contact the ill be shredded.	
Parent's signature			 Dat	e:		
Parent's signature:			(Revised date: 9/2023)			

Address: 3/F., 3 Tsui Ping Road, Kwun Tong, Kln. Tel: 2389 3363 Fax: 2389 7213 Email: cheerland@cfsc.org.hk