

(To be filled in by School)
CR NO./YEAR/CP NO.
Ref. No. : ____ / ____ / ____
Registration Date : _____



Caritas Pre-school Education & Child Care Service

Caritas Nursery School – Lei Yue Mun

Application Form

(Photo)

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 attended _____ 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

Way(s) of knowing our school : Relative(s) / Friend(s) / Website / School Activity / District Activity

Other (Please specify) : _____

(Please indicate with "✓"
in the appropriate boxes :)

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