

(To be filled in by School)
<b>CR NO./YEAR/CP NO.</b>
Ref. No. : <u>  </u> / <u>  </u> / <u>  </u>
Registration Date : <u>                    </u>



**Caritas Pre-school Education & Child Care Service**

**Caritas Nursery School – Lei Yue Mun**

**Application Form**

(Photo)
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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)**

	<b>Father</b>	<b>Mother</b>	<b>Guardian</b>
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 :**  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