

Yan Chai Hospital Yim Tsui Yuk Shan Kindergarten
 Shop 201, Po Tin Shopping Centre, Ming Kam Road, Tuen Mun, N.T.
 Tel : 2466 8966 Fax : 2466 2277

APPLICATION FORM

NO. : _____

Applicant's Particulars						Photo
Name	_____ (Chinese)	Sex	Boy / Girl	Age		
	_____ (English)	Religion				
Date of Birth	_____ Year _____ Month _____ Day	Document No.				
Province	_____	Place of Birth				
Home Address	_____			Tel.	_____	

Parent's Particulars					
Name of Father	_____	Name of Co.	_____		
Occupation	_____	Business Add.	_____		
			Tel.	_____	
Name of Mother	_____	Name of Co.	_____		
Occupation	_____	Business Add.	_____		
			Tel.	_____	
Name of Guardian	_____	Name of Co.	_____		
Occupation	_____	Business Add.	_____		
			Tel.	_____	
Emergency contact name	_____	Relationship	_____	Tel.	_____

Application and School Session			
Apply	Class _____ AM / PM / WD	Date	_____
Brother / Sister in school	<input type="checkbox"/> Yes	Year	From _____ To _____
	<input type="checkbox"/> No	Class	K1 / K2 / K3 / Graduated

Research	
How you can know school's information?	
<input type="checkbox"/> Education Dept. Web site <input type="checkbox"/> Relatives <input type="checkbox"/> Friend <input type="checkbox"/> Others _____ _____	Advertising : <input type="checkbox"/> School Magazine <input type="checkbox"/> Catalogue <input type="checkbox"/> Poster <input type="checkbox"/> Newspaper

For Office only			
Date of interview	Date:	Time:	Date of Admission:
Registration Fee	\$ _____	Paid on	Remarks:
Reserved Fee	\$ _____	Paid on	