



Pok Oi Hospital Mrs. Yam Wing Ying Kindergarten
Pok Oi Hospital Mrs. Yam Wing Ying Day Nursery
Application for admission



(A) Child's personal data

Application No.:

Name	(Chinese)	(English)		Photo
Date of Birth	(yyyy/mm/dd)		Sex	
Birth Certificate Number			Place of Birth	
Address				
		Tel. No.		
Name of Kindergarten or nursery attending or attended				

(B) Family members' data

Name	Relationship	Name of company or school	Post/class	Tel. No
	Father			
	Mother			

Reason for applying this Day Nursery: _____

Remarks: _____

Name of parent: _____ Signature of parent: _____ Date: _____

Please include the following with your application: a copy of birth certificate, a copy of immunization record, four self-addressed envelopes, and \$40 application fee (non-refundable).

For office use only

Date of application:	(yyyy/mm/dd)	Staff:
1. Copy of Birth Certificate	<input type="checkbox"/>	Staff:
2. Four envelopes with address	<input type="checkbox"/>	
3. Copy of immunization record	<input type="checkbox"/>	
Interview Date:	(yyyy/mm/dd)	Staff:
Registration Date:	(yyyy/mm/dd)	Staff:
Admission Date:	(yyyy/mm/dd)	Staff:
Withdrawal Date:	(yyyy/mm/dd)	Staff:
Remarks:		

Notes to Parents

1. You are obliged or voluntary to provide relevant information. If you do not provide relevant information, it may affect the process of applying for admission to our school.
2. The personal data you provide in this form will only be used for your child's application for admission to our school.
3. The information you provide may be transferred to the following types of persons, including: government departments (eg: Education Bureau, Social Welfare Department, Department of Health, etc.) and Pok Oi Hospital.
4. You have the right to change or inquire about the personal data provided. Any inquiries related to the personal data collected, including requests for access and correction of data, may contact the school. (Tel: 2333 3279)