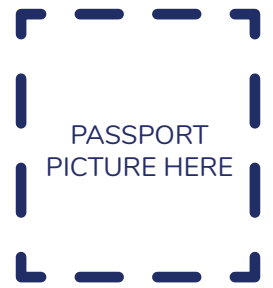




Albowen's Creche  
And Play School

# ADMISSION FORM



## PARTICULARS OF CHILD [CAPITAL LETTERS]

CHILD'S / WARD'S NAME : .....  
[ SURNAME ] [ FIRST NAME ] [ OTHER NAMES ]

DATE OF BIRTH [DD/MM/YY] : .....

PLACE OF BIRTH : .....

NATIONALITY : .....

LAST SCHOOL ATTENDED [IF ANY] : .....

LAST CLASS / STAGE : .....

DOES YOUR CHILD HAVE ANY DISABILITY? NO  YES  [IF YES, PROVIDE DETAILS] :

DOES YOUR CHILD HAVE ANY ALLERGIES? NO  YES  [IF YES, PROVIDE DETAILS] :

VACCINATIONS : [ GIVE EVIDENCE OF CHILD'S VACCINATIONS WITH DETAILS - ATTACH PHOTOCOPY OF CERTIFICATE ]

## PARTICULARS OF PARENT / GUARDIAN

FULL NAME : .....

OCCUPATION OF PARENT / GUARDIAN : .....

HOME ADDRESS [DIGITAL] AND LOCATION : .....

CONTACT NUMBERS : .....



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**PARTICULARS OF PARENT / GUARDIAN** [CONT'D]

PARENT / GUARDIAN ADDRESS IN DETAIL : .....

NAME TWO [2] PERSONS WHO ARE MANDATED TO PICK-UP YOUR CHILD / WARD AFTER SCHOOL  
[PLEASE INCLUDE THEIR CONTACT NUMBERS IF ANY] :

1. FULL NAME : ..... TEL NO. : .....

2. FULL NAME : ..... TEL NO. : .....

**DECLARATION**

1. I DECLARE THAT I AM THE PARENT / GUARDIAN OF THE ABOVE NAMED CHILD / WARD AND THAT I AM RESPONSIBLE FOR THE PAYMENT OF ALL FEES FROM THE DATE OF ENROLLMENT.

2. I DECLARE THAT, SHOULD I DECIDE TO WITHDRAW MY CHILD / WARD FROM THE SCHOOL, I SHALL PAY A TERM'S FEES IN LIEU OF NOTICE.

3. ALL FEES MUST BE PAID IN FULL AND FEES PAID ARE NOT REFUNDABLE.

SIGNATURE OF PARENT / GUARDIAN : .....

DATED THIS : ..... DAY OF : .....

**FOR OFFICIAL USE ONLY**

ACCOUNT NUMBER : ..... OFFERED :  NOT OFFERED :

CLASS : .....

DATE OF ENROLLMENT : .....

**BILL**

ADMISSION FEES: .....

FEEDING FEES : .....

TUITION FEES : .....

SPORTS FEES [SWIMMING, ETC.] .....

MAINTENANCE FEES [FIRST AID & OTHER CHARGES] .....

TOILETRIES : .....

UNIFORMS [LA COSTE T'SHIRT - 1 & REGULAR SHIRT - 1] .....

**TOTAL AMOUNT :** .....