Christia	MCA of Hong K n Internationa ation for admis	I Kindergart	K3 size Photograph of
 Places are allocated according to the termination of the application form it is a envelope, each envelope mustion and please write your child's name - A birth certificate copy Please note that if a child has attemption of the application of t	together with: t have a \$2 stamp and your ad s (\$40) (cheque payable to ' <u>YI</u> e and your contact number on	dress written on. <u>MCA of Hong Kong'</u> the back of the cheque),	the child
Child's Family Name:		Given Names:	
Sex: M/F Place of birth		Date of Birth (dd/mm/yy)	
Nationality:		Religion:	
Residential Address:			
			Tel.:
E-mail Address :			
			please specify
Father's Name (Family Name F	First)	Mobil	e No.:
Occupation:			
Office telephone No.:			
Mother's Name (Family Name F	First)		le No.:
Occupation:			
Office telephone No.:			
List the child's brothers and/or s Name		•	Kong: Level Dates Attended (MM/YY)
Has your child attended Kinderg			
persons authorized by the scho unable to process your applic Office's database as part of the will be disposed of after the c	ool on a need-to-know basis ation. Information of suc student record. For cancel ompletion of the admission e right to access, correct	 Failure to provide yo ccessful applicants wil lation or unsuccessful n process. In accordar 	The data will be made available to ur information may result in us being be transferred to the Kindergarten applications, all information provided nee with the Personal Data (Privacy) personal data. Request should be
I confirm that the information pro	ovided is accurate and true.	l acknowledge that I h	ave read and agree to the above.
Name of Parent (Please Print)	Signature of Pa	arent	Date
Preferred Start date:	I wish to app	ly for: K2 Half Day/ K2	Full Day/ K3 Half Day / K3 Full Day
Date:		-	
For official use		.	
Application Received:	Application Fee #:	First Mont	ns School Fees #

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