

## Nursery / Kindergarten Enrolment Form

### 幼兒園 / 幼稚園申請表格

Please fill in the form in English

請用英文填寫

For Office Use 職員專用:

Application Date 申請日期:

Application Number 申請編號:

Start Date 開課日期:

Student Information 學生資料		
Family Name (姓氏):	First Name (姓名):	Student Photo 學生照片
Name used at home (家中使用稱號):	Chinese Name (中文姓名):	
Date of Birth : (dd/mm/yyyy) 出生日期 : (年/月/日)	Age (年齡):	
Address (地址):		
Nationality (國籍):	Passport No./HKID (護照或身份証號碼):	Gender (性別):
First Language (主要語言):	Other Languages (其它語言):	Home Phone No. (住宅電話):
Previous Playgroup/ Nursery/ Kindergarten attendance (之前曾就讀的學前遊戲班/幼兒所/幼稚園):		
No. of Siblings (兄弟姊妹的數量):		
*If so, do they attend Grace Garden International Kindergarten? (*如有, 請問他們是否曾就讀雅惠國際幼稚園?)		Yes / No (有/ 沒有)
*If yes, name (如有, 請列出姓名):		

Parent/ Guardian Information (家長/監護人資料)	
Primary Contact (主要聯絡人)	
Family Name (姓氏):	First Name (姓名):
Relationship to Child (與小朋友的關係):	Passport No. / HKID (護照或身份証號碼):
Occupation (職業):	Mobile Phone No. (手提電話號碼):
Email Address (電郵地址):	
Secondary Contact	
Family Name (姓氏):	First Name (姓名):
Relationship to Child (與小朋友的關係):	Passport No. / HKID (護照或身份証號碼):
Occupation (職業):	Mobile Phone No. (手提電話號碼):
Email Address (電郵地址):	

Student Medical / Emergency Information (學生醫療記錄/緊急聯絡人)	
Emergency Contact (緊急聯絡電話):	
Name (姓名):	Relationship to Child (與小朋友的關係):
Home Telephone No. (住宅電話號碼):	Mobile Phone No. (手提電話號碼):
Family Doctor (家庭醫生)	
Name (姓名):	Telephone No. (電話號碼):
Clinic's Address (診所地址):	
Family Hospital (家庭醫院)	
Name (姓名):	Telephone No. (電話號碼):
Hospital's Address (醫院地址):	
Family Dentist (家庭牙醫)	
Name (姓名):	Telephone No. (電話號碼):
Clinic's Address (診所地址):	
Does your child have any allergies, medical conditions, dietary requirements, physical restrictions or individuals needs? Yes / No (請問你的子女是否有任何過敏, 身體病況, 飲食要求, 體能限制, 或個人需要? 是/否) If yes, please give full details (如有, 請提供詳細及完整資料):	

\*In the event of any emergency or condition requiring medical assistance, your child will be taken to the nearest government hospital unless other specific instructions are given to Grace Garden International Kindergarten.

(\*如有出現任何緊急情況需要醫療援助, 除非你曾向雅惠國際幼稚園提及任何特別指示, 否則你的子女將會被送往鄰近政府醫院.)



Please indicate your preferred campus, class and schedule.

(請選擇你首選校園的地點, 班級, 及時間.)

Campus (校園)		
<input type="checkbox"/>	Lei King Wan (鯉景灣)	
Pre-Nursery (2 - 2.8 years old) 學前班 (2 - 2.8 歲)		
Monday - Friday (星期一至五)	<input type="checkbox"/> Morning (早上) (9:00-12:00)	<input type="checkbox"/> Afternoon (下午) (1:30-4:30)
Nursery (2.8 - 3.8 years old) 幼兒班 (2.8 - 3.8 歲)		
Monday - Friday (星期一至五)	<input type="checkbox"/> Morning (早上) (9:00-12:00)	<input type="checkbox"/> Afternoon (下午) (1:30-4:30)
Lower Kindergarten (3.8 - 4.8 years old) 低班 (3.8 - 4.8 歲)		
Monday - Friday (星期一至五)	<input type="checkbox"/> Morning (早上) (9:00-12:00)	<input type="checkbox"/> Afternoon (下午) (1:30-4:30)
Upper Kindergarten (4.8 - 5.8 years old) 高班 (4.8 - 5.8 歲)		
Monday - Friday (星期一至五)	<input type="checkbox"/> Morning (早上) (9:00-12:00)	<input type="checkbox"/> Afternoon (下午) (1:30-4:30)

#### Noted to Parents (父母需知)

Please submit the completed application with the following documents. (請提交完整的申請表格並附上以下文件。)

1. A copy of the child's birth certificate or passport (一份子女出生證明書/護照副本)
2. A copy of the child's immunization records (一份兒童免疫接種記錄的副本)
3. A copy of the parent's ID or passport (一份父母的身份證/護照的副本)
4. A copy of the child's last school report (if any) (一份子女以往曾就學的報告副本)(如有)
5. A copy of Medical / Special need's report(s) (if applicable) (一份醫療/特殊需要報告的副本) (如適用)
6. 4 passport sized photos (4張護照大小的照片)
7. 4 Self-addressed envelopes, stamped at \$2 (4封貼有HKD2郵票及寫明回郵地址的信封)
8. A non-refundable application fee of \$40 (HKD 40 申請費\*\*申請費是不可退款的.)

Lei King Wan campus cheque payable to "**LKW Children Education Limited**"  
(如就讀於鯉景灣分校, 支票抬頭應寫"LKW Children Education Limited")

I hereby give consent for Grace Garden International Kindergarten to use my personal data to contact me directly regarding my child's attendance, progress and upcoming classes. I also give consent for Grace Garden International Kindergarten to use my personal data to deliver news, offers, and promotions suitable for my child.

(有關本人子女的出席率, 進度, 及來年的課程, 我特此同意雅惠國際幼稚園使用我的個人資料聯絡我. 同時, 我亦同意雅惠國際幼稚園向我發送有關合適我子女的課程優惠, 推廣, 及消息.)

Signature of Guardian: \_\_\_\_\_  
(監護人簽署)

Date: \_\_\_\_\_  
(日期)

For Office Use Only (職員專用)	
Student Number (學生編號)	
Submission Date (遞交日期)	
Start Date (開課日期)	PN / K1 / K2 / K3 ( AM / PM )
<input type="checkbox"/> Application Fee (申請費) \$40 (Date 日期: )	<input type="checkbox"/> Registration Fee (註冊費) \$970 (Date 日期: )
Documents 文件	<input type="checkbox"/> Birth certificate (出世紙) <input type="checkbox"/> Immunization records 兒童免疫接種記錄 <input type="checkbox"/> 4 Passport Photos (4 張護照大小的照片) <input type="checkbox"/> Parent's ID Passport (父母的身分證 / 護照) <input type="checkbox"/> 4 Self-addressed envelop (4 個回郵信封) <input type="checkbox"/> Medical / Special Needs Report (醫療 / 特殊需要報告) <input type="checkbox"/> Child'S last school report (if any) (子女以往就學的報告)