

**APPLICATION FOR THE ADMISSION OF A CHILD TO DAYCARE
AND PRESCHOOL AT KILINOCHCHI PREMISES,
UNIVERSITY OF JAFFNA**

Name in Full:

First Name:

Middle Name:

Surname:

Date of Birth: / / (Date/Month/Year)

Gender: (Male/Female)

Religion:

Nationality:

Mother Tongue:

Blood Group:

Any Known Allergies:

If the child is on any long-term medication:

Yes/No

If yes please specify:

Any special Health issue:

Any congenital illness:

Yes/No

If Yes please specify and attach the copies of the medical reports.

Please select your preferred enrollment option for your child:

☐ Full-Time (07.30 am to 4.30 pm): I would like to enroll my child in the full-time program.

☐ Part-Time (07.30 am to 12.30 pm): I would like to enroll my child in the part-time program.

Parents' Details	Father	Mother	Guardian
Name in Full:			
Nationality:			
Occupation:			
Monthly Income Level	<input type="checkbox"/> 10,000 - 50,000	<input type="checkbox"/> 51,000 - 100,000	<input type="checkbox"/> 101,000 - 150,000 <input type="checkbox"/> Over 150,000.
Permanent Address:			
Postal Address:			
Residence Telephone No:			
Mobile No:			
Office Address:			
Office Telephone No:			
Office/Home Fax No:			
Email Address:			

If a guardian is appointed, please provide the following,

- 1) A letter signed by parents appointing the guardian.
- 3) A recent photograph of the guardian.

- 2) Letter of acceptance signed by the guardian.
- 4) Copy of NIC of the guardian.

Child lives with	Both Parents <input type="checkbox"/> (Please tick)	Single Parent: Mother / Father <input type="checkbox"/> (Please circle)	Guardian <input type="checkbox"/> (Please tick)
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Details of previous preschools attended (if applicable)

Name of the preschool	Address	Reason for Leaving
1).		
2).		
3).		

Names of Siblings at Daycare and Preschool at Kilinochchi Premises, University of Jaffna (if applicable)

Name
1).
2).
3).

Declaration

If admission is granted for my child, I hereby solemnly declare and affirm that the particulars given above are true and correct, and if any are found to be incorrect, I agree to remove my child from the preschool. Furthermore, I undertake to abide by all existing rules and regulations of the school and to accept any further conditions administered by the management. Further, I undertake to cooperate with the Executive Committee in all aspects and ensure that my child will strictly abide by the preschool's code of discipline and ethics. Further, I agree to accept the decision(s) made by the Executive Committee as final and conclusive. Further, it shall be my responsibility to see that my child abides by the decision(s) of the Committee. I also agree to settle all fee payments by the due date and acknowledge that failure to do so will result in a surcharge payment as per the school policy. Furthermore, I shall renounce the right to challenge the legality of this declaration.

Name of the Parent/Guardian:

Signature of the Parent/Guardian:

Date:

FOR OFFICE USE ONLY

Date of Admission:	Full-time / Part-time (Please circle)	Daycare/ Preschool (Please circle)	Academic Year:
Admission Number:			
Remarks:			
Name of Executive Committee member:	Signature of staff:	Date:	

Payment	Receipt No.:	Amount:	Signature:
Total			