



Christian Family Service Centre
Yeoh Choy Wai Haan Memorial Kindergarten
2026-2027 Admission Application

For School Use Only

Admission No. _____
Submission Date _____
Interview Date _____
Reference No. _____

1. Personal information

Name _____ (Chi) _____ (Eng)

Date of Birth _____ Birth Certificate No. _____

Age _____ Gender _____ Contact No. _____

Address _____

E-mail Address _____

Photo

2. Parents' Information

Father's Name _____ Contact No. _____ Occupation _____

Mother's Name _____ Contact No. _____ Occupation _____

Guardian's Name _____ Contact No. _____ Relationship _____

3. Others

Class Applied : Nursery Class ☐ Lower Class ☐ Upper Class ☐

Session Applied : Morning Session ☐ Whole Day Session ☐

Reason of choosing our kindergarten : _____

Other services currently being accepted : _____

How did you learn our kindergarten? (put ✓ in the box)

By Yourself ☐ Relatives ☐ Media ☐ Education Bureau ☐ Social Welfare Department ☐

Others ☐ Please state : _____

Documents submit with this form :

1. Application Form with applicant's photo
2. Copy of applicant's birth certificate
3. Copy of applicant's immunization record
4. Three envelopes with address and stamps
5. Application Fee \$40 (The application fee is non-refundable)

*Please well prepare those documents when you submit.

The documents just for reference only. Parents may request to check and revise the information under the Personal Data (Privacy) Ordinance. This form and related documents will be destroyed immediately upon cancellation of the waiting list.

Parents' signature : _____

Date : _____