

Declaration

I declare that the information contained within this application is true and accurate.

I understand that false or inaccurate information may result in my application being declined.

Signature _____ Print name _____

Date _____ Relationship to applicant _____

You may submit your application by hand or by post to the nursery. Confirmation of receipt will be sent to you by email within seven working days.

An application fee is charged to cover the costs of processing the application

- School tour
- Communication materials and postage
- Checking and following up of applicants' documents
- Website update

Additional information for nursery parents

- Nursery fees will be paid by direct debit only. Personal cheque or cash is not accepted.
- One month's notice is required in the case of withdrawal.
- Preschool children have priority enrolment for preschool and are expected to continue to K1 in the year following nursery.

Ground floor
Yat Wing House
Yat Nga Court
Tai Po
Hong Kong

Telephone 2650-3339
Fax 2650-4449
Email admin@zebedee.edu.hk
Website www.zebedee.edu.hk



Nursery Application Form

For office use only

Date received _____
Interview date _____
Interview time _____
Result _____
Apply for academic year _____

Checklist of documents required to be submitted:

- 1 Two passport sized photographs
 - 2 Proof of address e.g. utility bill
 - 3 Copy of child's immunization record
 - 4 Copy of child's birth certificate + passport/visa
 - 5 Copy of parent's passport/visa/HKID
 - 6 Application fee HK\$300*
- *Cash or cheque, made payable to:
Zebedee International Kindergarten

Recent
Passport
size photo

Applicant Information

Family name _____

Given names _____

Preferred name _____ Chinese name _____ Gender M F

Date of birth (DD/MM/YYYY) _____ Place of birth _____ Birth certificate no. _____

Nationality _____ Passport no. _____ Visa

Home telephone no. _____ Email _____

Mother mobile _____ Father mobile _____

Home address _____

Parent Guardian Information

Father/Guardian 1 details

Surname _____ Given name _____

Nationality _____ Passport no./ HKID _____ Visa

Profession _____ Employer _____

Employer address _____

Employer telephone no. _____ Work email _____

Mother/Guardian 2 details

Surname _____ Given name _____

Nationality _____ Passport no./ HKID _____ Visa

Profession _____ Employer _____

Employer address _____

Employer telephone no. _____ Work email _____

Emergency contact

Name _____ Mobile _____
Relationship with applicant _____

Applicant's sibling Information

Yes No (if no, continue to next section)

Birth order	Name	Age	Gender	Present school
1st child	_____	_____	_____	_____
2nd child	_____	_____	_____	_____
3rd child	_____	_____	_____	_____
4th child	_____	_____	_____	_____

Language Proficiency

Languages spoken by your child at home First _____ Second _____

Languages spoken by Mother First _____ Second _____

Languages spoken by Father First _____ Second _____

Responsible person caring for your child during the daytime (please tick)

Grandparents _____ Domestic helper _____ Other (please state) _____

Language spoken _____ Language spoken _____ Language spoken _____

Name of present/previous play group, nursery or kindergarten attended

From date _____ To date _____

Reason for change _____

Class preference

Morning Yes No Afternoon Yes No

Would you consider the alternative class? Yes No

School bus required

Yes No One way Return trip

Special needs

Please indicate whether your child has any special needs that we should know about:

Developmental Yes No Educational Yes No

Physical Yes No Behavioural Yes No

If yes, please give a brief description here:

Special learning difficulty clause

I accept that Zebedee International Nursery may suggest an alternative education approach or request my child to leave the nursery if it is unable to provide for the specific needs of my child. (This is without prejudice and in the interest of the appropriate early years' provision for your child's healthy development).

Please read the following questions carefully and give as much detail as possible. It is important that we know as much information about your child in case of medical emergencies

Medical conditions	Yes	No	Allergies	Yes	No
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	Egg	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Peanut	<input type="checkbox"/>	<input type="checkbox"/>
G6PD	<input type="checkbox"/>	<input type="checkbox"/>	Dairy	<input type="checkbox"/>	<input type="checkbox"/>
Eczema	<input type="checkbox"/>	<input type="checkbox"/>			

Other (please state) _____

How did you hear about Zebedee International Preschool?

Friends/Family recommending Zebedee Online forums: _____ (Forum name)

Zebedee website Magazine and/or online articles: _____ (Magazine name)

Seminars/Parent Information Sessions Working Company

Relocation Company: _____ (Company name) Support from Admissions Staff

Others (please state): _____

Extracurricular classes

Which kind of extra curricular classes would you be interested in for your child?

English Cantonese Mandarin Mathematics Cooking Arts & Crafts Dance

Others(please state): _____