

中華基督教青年會幼稚園

Chinese Y.M.C.A. Kindergarten



校址：天水圍天悅邨服務設施大樓二樓
 Address: 2/F., Ancillary Facilities Block,
 Tin Yuet Estate, Tin Shui Wai, N.T.
 電話：2445 2320 傳真：2445 2606
 電郵：kindergarten@ymca.org.hk

2020 / 21 入學申請表 Application Form for Admission in the 2020 / 21 School Year

填表日期 Date of application : _____

Ref. No. _____

中文姓名 Name in Chinese		性別 Sex		相 片 Photo
英文姓名 Name in English				
出生日期 Date of Birth	年 year	月 month	日 day	
出生地點 Place of birth				
住 址 Address				
手提電話 Mobile Tel. No.		住宅電話 Home Tel. No.		
宗 教 Religion		所屬教會 Church		
電郵地址 E-mail				(請用正楷填寫) (Block Letter)

家長資料 Parent Particulars	父 Father	母 Mother	監護人 Patron
姓名 Name			
職業 Occupation			
辦事處	公司名稱 Name		
	電話 Tel. No.		
家庭狀況 Family status	兄Elder brother ____人	姐Elder sister ____人	弟Younger brother ____人 妹Younger sister ____人
曾在本機構就讀之兄 / 姐姓名 Brother or sister who previously studied in YMCA	1. 青幼 / 青小 / 青中 _____ 2. 青幼 / 青小 / 青中 _____		
現在本機構就讀之兄 / 姐姓名 Brother or sister who currently studied in YMCA	1. 青幼 / 青小 / 青中 _____ 2. 青幼 / 青小 / 青中 _____		

現欲申請 Class apply (可以以1-3數字填寫, 1為首選, 如不考慮其他學制, 只填寫「1」, 但如該學制滿額, 校方則不會安排其他學制, 當作落選論)	備註 Remarks (由校方填寫)		
	半日制 Half-day	全日制 Full-day	面試日期： 申請入讀日期：_____
	上午班 a.m. class	全日班 Full day class	點存人： 取錄日期：_____
3-4歲 (幼兒班) K1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 出世紙 <input type="checkbox"/> 針卡 <input type="checkbox"/> 相片1張 <input type="checkbox"/> 信封2個 <input type="checkbox"/> 父母工作證明 (全日班適用)
4-5歲 (低級班) K2	<input type="checkbox"/>	<input type="checkbox"/>	繳費限期：_____
5-6歲 (高級班) K3	<input type="checkbox"/>	<input type="checkbox"/>	取錄為：_____
<input type="checkbox"/> 需要校車服務 Need to use school shuttle bus	上落車地點 Get on/off Location	報名費金額：\$40	註冊費金額：半\$970 / 全\$1570
註：本校沒設校車服務, 如需申請校車服務, 校方則代為向小學部(青小)申請, 額滿即止。		收據編號：_____	收據編號：_____
		日 期：_____	日 期：_____

收集個人資料聲明：中華基督教青年會幼稚園會遵守及履行個人資料(私隱)條例之規定, 並確保你的個人資料的準確性及安全性。你的個人資料會用作入學報名、入讀本校及聯絡之用途。如有查詢, 請致電2445 2320與本會聯絡。

(KRG-01 201908)

中華基督教青年會幼稚園
Chinese Y.M.C.A Kindergarten

申請入學須知

索取入學申請表格方法

1. 於本幼稚園網頁下載 <http://kin.ymca.org.hk/>
2. 親臨本校索取

遞交申請表格

1. 派表日期：由2019年8月19日 (星期一)
2. 遞交表格時間：星期一至五 上午8:30至下午5:00 放學時段暫停收取表格(12:00-12:30及4:15-4:30)
星期六 上午9:00至下午12:30 (公眾假期除外)

辦理入學申請

1. 遞交有關文件：
 - ~ 2020-21 入學申請表
 - ~ 出生證明書或擁有居港權證明文件副本及針咭副本，並需出示有關文件正本，以供查閱及核對 (備註：如郵寄申請表至本校，則需於面試當天核對有關正本文件)
 - ~ 兒童證件相片一張
 - ~ 三個約9吋X4吋 貼上港幣\$2 郵票之回郵信封 (請以正楷填上閣下地址及學生姓名)
2. 繳交以下費用：
 - ~ 報名費40元
 - 親臨報名：報名費屆時以現金或支票方式，連同此報名表一同繳交
 - 郵遞報名：請將劃線支票連同報名表一同郵寄 (支票背面須以正楷寫上申請人姓名及聯絡電話)
 - 支票抬頭：中華基督教青年會幼稚園

查詢

1. 如有任何查詢，歡迎致電2445 2320與校務處職員聯絡

Chinese Y.M.C.A Kindergarten
Information on Admission

Collection of Application Forms

1. Download from school website <http://kin.ymca.org.hk/>
2. Obtain from school in person

Distribution Period

1. Date: 19 August 2019 (Mon)
2. Time: 8:30am to 5:00 pm (Mondays to Fridays)
9:00am to 12:30 pm (Saturdays)

Return of Application Forms

1. Please return the following documents

- ~ Application form for admission in the 2020/21 School Year
- ~ Birth Certification and Immunisation record
- ~ ID Photo x 1 (2' inches)
- ~ Envelopes with stamps x 3 (please write down the address and the student name in Block Letter)

2. Payment

- ~ Application fee: \$40

Obtain from school on person: to be collect together with the application form by cash or cheque

By post: to be collect together with the application form by cheque only (Back side of the cheque should contain applicant's name and phone no.)

Cheque issued to: Chinese Y.M.C.A. Kindergarten

Enquiry

Telephone no. : 2445 2320



Student Name _____

(A) Your impression towards our school

1. The reason(s) for choosing our school:

- | | |
|--|---|
| <input type="checkbox"/> Relative/Friends recommendation | <input type="checkbox"/> Sister(s)/brother(s) was a student of our school |
| <input type="checkbox"/> Recognition of our school mission | <input type="checkbox"/> Associated Primary and Secondary school |
| <input type="checkbox"/> Leaflet | <input type="checkbox"/> others : _____ |

2. The aspects that you appreciate our school:

- | | |
|--|---|
| <input type="checkbox"/> Organization (YMCA) | <input type="checkbox"/> Associated YMCA Primary & Secondary School |
| <input type="checkbox"/> Uniqueness of curriculum | <input type="checkbox"/> Attitudes of teachers |
| <input type="checkbox"/> Parenting talks available | <input type="checkbox"/> Supportive services to Students & Parents |

(B) Your child's daily practice

1. The person who look after the child and the spoken language being used.

- | | | | | |
|------------------------------------|------------------------------------|--|---|---|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Grandpa/Grandma | <input type="checkbox"/> Domestic helper/maid | <input type="checkbox"/> Others : _____ |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Putonghua | <input type="checkbox"/> English | <input type="checkbox"/> Others : _____ | |

2. Your child's daily meal practice (Please choose one item)

- Intake condition: eat by himself/herself with spoon feed by an adult
 eat fluid food
- Fluid intake condition : drink water by him/herself with a cup use the way of sucking to drink
 seldom drink water (reason: _____)

Partiality for a particular kind of food (*skip it if not applicable*)

- | | | | |
|---|---|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Rice, Noodles, Bread | <input type="checkbox"/> Dairy products(Milk, cheese) | <input type="checkbox"/> Meat | <input type="checkbox"/> Vegetables |
| <input type="checkbox"/> Fruits | <input type="checkbox"/> Others : _____ | | |

3. Your child's ability of self-care

- | | | |
|---|---|---|
| <input type="checkbox"/> Drink with a cup | <input type="checkbox"/> Wear/ remove shoes oneself | <input type="checkbox"/> Wash his / her hands with assistance |
| <input type="checkbox"/> Dine with a spoon | <input type="checkbox"/> Do bowel oneself | <input type="checkbox"/> Bowel with assistance |
| <input type="checkbox"/> Tidy up toys oneself | | |

4. Your child's temperament and social development

- | | | |
|--|--|---|
| <input type="checkbox"/> Play alone | <input type="checkbox"/> Willing to try new things | <input type="checkbox"/> Willing to share and play with peers |
| <input type="checkbox"/> Always cheerful | <input type="checkbox"/> Forget unhappy experiences easily | <input type="checkbox"/> Willing to take turn under instruction |

5. Parent and child daily activities practice

(Please fill in the most often daily practice by using 1-7 chronologically written in the box provided)

- | | | |
|---|--------------|--------------------------|
| () Library / Reading / Story-telling | () Shopping | () Visit amusement park |
| () Visit exhibitions: Science museum, space museum | () Picnic | () Theme Park |

() Multi-media learning: *(Tick the equipment that you have used for teaching your child)*

- | | | | |
|---------------------------------------|---------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Mobile phone | <input type="checkbox"/> Tablet | <input type="checkbox"/> Computer | <input type="checkbox"/> DVD/ TV |
|---------------------------------------|---------------------------------|-----------------------------------|----------------------------------|

* Other supplementary information (if any): _____