



2019/20 STUDENT ADMISSIONS FORM

Attach Photo Here

OFFICE USE ONLY	Date received:	Application Fees received:	Start date:
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(Please Print)

STUDENT INFORMATION				
Last name:		First name:		Preferred name:
Date of Birth: dd / mm / yy	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Nationality:	HK Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Intended date of admission: dd / mm / yy
Home address:			Home phone no:	
First language:	Other language/(s):	Who will be accompanying the student (Infant and Toddler):		

PARENTS/GUARDIAN INFORMATION	
Name of Parent/Guardian:	Name of Parent/Guardian:
Relationship with Child:	Relationship with Child:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Parent/Guardian's Mobile:	Parent/Guardian's Mobile:
Parent/Guardian's e-mail:	Parent/Guardian's e-mail:
Primary Contact Method: <input type="checkbox"/> Email <input type="checkbox"/> Telephone Preferred time:	Primary Contact Method: <input type="checkbox"/> Email <input type="checkbox"/> Telephone Preferred time:
Name of Guardian/Helper:	Guardian's/Helper's Mobile

PERSONS AUTHORISED TO COLLECT CHILD (TRANSITION & PRE RECEPTION)		
First and Last Name::	Relationship with Child:	Mobile:

MEDICAL AND OTHER NEEDS	
Does the applicant have any allergies, prescribed medication, health or physical concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please give details:	
Any other medical issues?	
Name of Emergency Contact (other than Parent/Guardian):	Emergency Contact's Mobile:
Please inform us if there are any special circumstances (such as death of one parent, separation, adoption etc.) that may affect your child	

ADDITIONAL INFORMATION (OPTIONAL)
How did you learn of Fairchild Junior Academy: <input type="checkbox"/> Website <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Newspaper <input type="checkbox"/> Advertisement <input type="checkbox"/> Facebook <input type="checkbox"/> Other
What is the educational path that you have chosen for your child? <input type="checkbox"/> International <input type="checkbox"/> Local <input type="checkbox"/> Unsure

Please indicate your preference by writing your 1st, 2nd, 3rd choice in the box provided for both time and days.

PROGRAM	CLASS SCHEDULE and FEES		
INFANT <ul style="list-style-type: none"> • 8 - 15 months • 60 minutes • 7 children max • Child and caregiver attend together 	One day per week Monday <input type="checkbox"/> 11:00-12:00pm (Dual Language) Tuesday <input type="checkbox"/> 3:45-4:45pm (International) Thursday <input type="checkbox"/> 3:45-4:45pm (International) HK\$1,610 per 4 sessions	Friday <input type="checkbox"/> 11:00-12:00pm (Dual Language) Saturday <input type="checkbox"/> 9:00-10:00am (International)	Two days per week <input type="checkbox"/> any one day per week combination HK\$3,020 per 8 sessions
TODDLER <ul style="list-style-type: none"> • 16 -23 months • 90 minutes • 7 children max • Child and caregiver attend together 	One day per week Thursday <input type="checkbox"/> 2:00-3:30pm (International) Thursday <input type="checkbox"/> 2:00-3:30pm (International) Friday <input type="checkbox"/> 8:45-10:15am (Dual Language) Saturday <input type="checkbox"/> 10:30-12:00pm (International) HK\$2,310 per 4 sessions	Two days per week Tuesday and Thursday <input type="checkbox"/> 8:45-10:15am (Dual Language) <input type="checkbox"/> 11:00-12:30pm (Dual Language) <input type="checkbox"/> 2:00-3:30pm (International) Monday and Wednesday <input type="checkbox"/> 8:45-10:15am (Dual Language)	Three days per week <input type="checkbox"/> any one day plus two days combination HK\$5,980 per 12 sessions <i>(More than 3 days/week by request)</i>
TRANSITION <ul style="list-style-type: none"> • 2 - 3 years • 3 hours (AM) • 2 hours (AM/PM optional) • 18 children max • Child attends on their own 	Two days per week Tuesday and Thursday <input type="checkbox"/> 8:30-11:30am HK\$6,550 per month	Three days per week Monday, Wednesday, Friday <input type="checkbox"/> 8:30-11:30am HK\$6,940 per month	Five days per week Monday to Friday <input type="checkbox"/> 8:30-11:30am HK\$9,200 per month
	One day per week Saturday <input type="checkbox"/> 10:00-12:00pm HK\$2,540 per 4 sessions <i>(child and caregiver attend together)</i>	Two days per week Tuesday and Thursday <input type="checkbox"/> 2:30-4:30pm HK\$4,650 per month	Three days per week Monday, Wednesday and Friday <input type="checkbox"/> 2:30-4:30pm HK\$6,550 per month <i>(More than 3 days/week by request)</i>
PRE-RECEPTION <ul style="list-style-type: none"> • 3 - 4 years • 3 hours • 18 children max • Child attends on their own 	Two days per week Tuesday and Thursday <input type="checkbox"/> 9:00-12:00pm HK\$4,990 per month	Three days per week Monday, Wednesday, Friday <input type="checkbox"/> 9:00-12:00pm HK\$6,240 per month	Five days per week Monday to Friday <input type="checkbox"/> 9:00-12:00pm HK\$8,800 per month

1. Children's placement will be determined according to their individual needs.
2. Classes are scheduled according to enrolment and are subject to change. Thank you for your understanding.
3. Fees charged per 4/8/12 sessions are payment for actual sessions (not charged when school is closed during holiday period).

CHECKLIST	
A completed and signed Student Admissions Form	<input type="checkbox"/>
One photograph of the applicant (please write applicant's name on the back)	<input type="checkbox"/>
Copy of applicant's Birth Certificate and/or Passport (with valid HK visa, for non-local family)	<input type="checkbox"/>
Copy of applicant's immunization record	<input type="checkbox"/>
Copy of parents' HKIDs and/or Passports (with valid HK visa, for non-local family)	<input type="checkbox"/>
Application Fee \$200 (Please make cheque payable to Fairchild Canadian Academy Limited)	<input type="checkbox"/>

PARENTAL CONSENT AND ACCEPTANCE
<ol style="list-style-type: none"> 1. I declare that the information given in this application is true, complete and accurate. 2. I understand that only completed applications, including submission of application fee, and all required documents, will be considered for the processing of my child's application. 3. I agree that in the event of medical need, my child should be taken to the nearest public hospital. 4. I understand that the application fee is non-refundable, non-transferable, and non-deferrable. 5. I give my consent for Fairchild Junior Academy to use the personal data provided in this form for the purpose of processing my child's application.

Parent/Guardian signature

Date