



**STAY N PLAY PLAYSCHOOL & CHILDCARE CENTRE** (002378841-w)

Level 1, Block 1 Amaya Saujana Condo, Persiaran Golf Seksyen U2, 40150 Shah Alam, Selangor Darul Ehsan. Tel : +60133646328 | Website : www.staynplay.com.my

Half Day Program

Full Day Program

**Application for Admission**

**PERSONAL DETAILS**

|                |                      |               |                      |
|----------------|----------------------|---------------|----------------------|
| Name of child  | <input type="text"/> |               |                      |
| Age            | <input type="text"/> | Date of Birth | <input type="text"/> |
| Place of Birth | <input type="text"/> |               |                      |
| Sex            | <input type="text"/> | Nationality   | <input type="text"/> |
| Race           | <input type="text"/> |               |                      |
| Home Address   | <input type="text"/> |               |                      |
|                | <input type="text"/> |               |                      |
| Tel (Home)     | <input type="text"/> |               |                      |

**FAMILY DETAILS**

|                  |                      |  |  |
|------------------|----------------------|--|--|
| Name of Father   | <input type="text"/> |  |  |
| Nationality      | <input type="text"/> |  |  |
| Occupation       | <input type="text"/> |  |  |
| Tel (Mobile)     | <input type="text"/> |  |  |
| Name of Employer | <input type="text"/> |  |  |
| Address          | <input type="text"/> |  |  |
|                  | <input type="text"/> |  |  |
| Tel (Office)     | <input type="text"/> |  |  |
| Email            | <input type="text"/> |  |  |

Name of Mother

Nationality

Occupation

Tel (Mobile)

Name of Employer

Address

Tel (Office)

Email

**Getting To Know Your Child**

What language(s) does your child speak at home?

What are his/her special interests?

What hobbies or other activities does your child do in his/her spare time?

Does he/she enjoy outdoor activities?

Please provide details of his/her favourite toys/objects

Does he/she watch television regularly, and what are the natures of the programmes?

Who does your child sleep with?

Is there a playroom at home?

Does your child have any fears, and if so, what might they be? (eg. thunder, lightning, rain, insects, darkness, etc)

### Eating Habits

Does your child feed himself/herself?

Does he/she have meals at the table with other family members?

Would you classify him/her as a good/average/poor eater?

### Toilets Habit

Are your child's toilet habits well established or still at an introductory stage?

The terminology used for urination

and defecation

### Family Status

Are parents separated or divorced? If so, in what year?

Who does your child presently live with?

If your child lives with one parent, how often does he/she see the other parent?

Who is his/her legal guardian?

Are either or both parents often away from home? If so, who stays with your child?

During the day whom is your child in the care of? If not, yourself, please state the contact details of this person:

Name

Relationship

Tel (Mobile)

### Other Details

Previous childcare centre or preschool

What made you choose this school?

How did you hear about us?

### Emergency Contact

Please provide the names of those who can be contacted if you cannot be reached

|              |                      |              |                      |
|--------------|----------------------|--------------|----------------------|
| Name         | <input type="text"/> |              |                      |
| Relationship | <input type="text"/> | Tel (Mobile) | <input type="text"/> |
| Name         | <input type="text"/> |              |                      |
| Relationship | <input type="text"/> | Tel (Mobile) | <input type="text"/> |

### Security Measures

Please provide your details of Car Model/Registration No

Please also provide the names of other person(s) who will be sending /picking up your child  
Kindly also enclose photographs of the person(s)

|                           |                      |
|---------------------------|----------------------|
| Name                      | <input type="text"/> |
| Relationship              | <input type="text"/> |
| Car Model/Registration No | <input type="text"/> |
| Name                      | <input type="text"/> |
| Relationship              | <input type="text"/> |
| Car Model/Registration No | <input type="text"/> |
| Name of Paediatrician     | <input type="text"/> |
| Paediatrician's Address   | <input type="text"/> |
| Tel (Mobile / Office)     | <input type="text"/> |

### Medical Health Record

IMPORTANT: Please enclose photocopies of your child's immunization record (DTP) and birth certificate

Is there any history of heart problem within the family history?

Please state any medical conditions that your child may have

|                          |                      |
|--------------------------|----------------------|
| Special health condition | <input type="text"/> |
| Disabilities             | <input type="text"/> |
| Allergies                | <input type="text"/> |
| Food Allergies           | <input type="text"/> |
| Serious Injuries         | <input type="text"/> |
| Prescribed Medications   | <input type="text"/> |

Are there any other consideration pertaining to your child's health or physical state that we should know about?  
(eg. family history of illnesses)

In the event of an emergency, I authorize StayNPlay Playschool to take whatever action deemed necessary.  
The school can bring my child to the nearest clinic / hospital for emergency cases and I agree not to request the school to administer medication that may at any time be prescribed to my child.

Please take note that in the event the school finds your child suffers from any sort of disorder or disability that requires special treatments, the school has the right to dismiss your child from the school.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Acknowledgement - Terms & Conditions**

The playschool makes every effort to care for and to cater to your child's needs, adhering closely to the school philosophy. While it is our duty to maintain a safe environment for your child, we realise that accidents can occur. The STAYNPLAY cannot accept liability for any accidents which may occur within our premises. We hope that you will understand the necessity for such a clause and trust that you have read, understand and agree abide by all our Terms & Conditions (as and agree to attached). Thank you.

Parent/Guardian Agreement:

I, \_\_\_\_\_ hereby acknowledge that I have read, understood, and agree to adhere to STAYNPLAY Terms Conditions, and any standard policies and procedures that may be made known to me from time to time. I agree to give 2 months written notice of withdrawal in advance should I wish to withdraw my child from school, failing which you shall be entitled to forfeit the refundable deposit. Further, I accept that the refundable deposit is non-transferable. I will be responsible for paying all fees as outlines in the STAYNPLAY fee structure. I understand that by paying the application, enrollment and programs fees I am reserving a place for my child at STAYNPLAY and that these fees are strictly non-refundable.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

