

# AIKO CHILD CARE

*we care, we guide*

No: 18/1, Senanayake Mawatha, Nawala. Tel: 011 2805654

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## Application for Admission

**Welcome to Aiko family!**

*Please complete the form below. Make sure the information provided is clear and correct, as it will help us to take better care of your child.*

### Personal Information

**Child's Name :**

(Use block letters)


**Date of Birth:**

D	D	M	M	Y	Y	Y	Y
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**Age:**

		years			months
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**Gender :**

Male / Female

**Home Address:**


**Telephone (Home)**


**E-mail Address:**


### Family Information

**Father's Name:**


Occupation:


Office Address:


Office Tel:


Mobile:


**Mother's Name:**


Occupation:


Office Address:


Office Tel:


Mobile:

If the child is not living with father or mother,

**Guardian's Name :**


Occupation:


Office Address:


Office Tel:

Mobile:

## **Emergency Contact Details**

Name:	
Relationship to child:	
Telephone:	
NIC number:	

Name:	
Relationship to child:	
Telephone:	
NIC number:	

## **Health Information**

\*Has he/she been given all vaccines up to age?

Yes  No  If no, details: \_\_\_\_\_

\*Does he/she have any of the following?

Food/ Drug Allergy  
Any illnesses  
Dietary Restrictions:  
Physical Defects:  
Health Problems that require special attention:

No	Yes	If yes, details

\*Is he/she under any long term medication?

No  Yes  If yes, details: \_\_\_\_\_

\*Is he/she toilet trained? Yes  No

**\*Please write briefly any other information you would want us to know about your child.**

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### **Doctor Details**

Name:	
Hospital/Address:	
Telephone:	

### **Dentist Details**

Name:	
Hospital/Address:	
Telephone:	

## **Enrollment Details**

*Date of Admission*

D	D	M	M	Y	Y	Y	Y
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*Preferred Start Date*

D	D	M	M	Y	Y	Y	Y
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*Program:*

Daycare

Half Day

*Days and time the care required*

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
From							
To							

*Meals required*

Breakfast

Morning Snack

Lunch

Evening Snack

Dinner

I confirm that the information given above is correct, and I will inform as soon as any of the details change.

\_\_\_\_\_  
Signature of the Parent/ Guardian

\_\_\_\_\_  
Date

**Please complete this form and return it with the admission fee.**