ΠΟΛΥΔΥΝΑΜΟ ΚΕΝΤΡΟ
ΚΟΙΝΟΤΙΚΗΣ ΜΕΡΙΜΝΑΣ Κ.Σ ΧΛΩΡΑΚΑΣ

CHILD'S REGISTRATION FORM

School Year: _____

Application No: _____

Data Received: ____ / ____ / _____

PART A: CHILD'S DETAILS

Full Name: _____

Date of Birth: ____ / ____ / _____

Birth Certificate No.: _____

ID Card No. (if applicable): _____

Gender: ☐ Boy ☐ Girl

Nationality: _____ **Child's Mother Language :** _____

Preferred Date of Enrolment: ____ / ____ / _____

Part B : PARENT /GUARDIAN DETAILS

Information	Father / Guardian	Mother / Guardian
Full Name	_____	_____
I.D Card No.	_____	_____
Date of Birth	_____	_____
Nationality	_____	_____
Residential Address(if different)	_____	_____

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Information	Father / Guardian	Mother / Guardian
Mobile Phone	_____	_____
Home Telephone	_____	_____
Email Address	_____	_____
Occupation	_____	_____
Employer	_____	_____
Employer's Address	_____	_____
Work Telephone	_____	_____
Working Hours	_____	_____

Family Status	The child lives with:
☐ Married	☐ Both Parents
☐ Cohabiting	☐ Mother
☐ Divorced	☐ Father
☐ Separated	☐ Guardian
☐ Widow / Widower	☐ Other: _____
☐ Single Parent Family	

PART C : PERMANENT RESIDENCE

COMMUNITY OF PERMANENT RESIDENCE

☐ Chloraka ☐ Lempa ☐ Emba **Date Permanent Residence Commenced ____ / ____ / _____**

Residential Address

Supporting proof of permanent residence attached ☐ YES ☐ NO

PART D : CRITERIA AND REQUIREMENTS

Please tick where applicable and attach the relevant supporting documents.

☐ Permanent resident of **Chloraka** for at least five (5) consecutive years.

☐ Permanent resident of **Emba** or **Lemba** for at least five (5) consecutive years.

☐ Both Parents are employed.

☐ Single Working Parent.

☐ A sibling is already attending the nursery school.

☐ Single Parent Family.

☐ Large Family.

☐ Recipient of the Guaranteed Minimum Income (GMI) or another approved social welfare benefit..

☐ Referral from the Social Welfare Services or another competent government authority.

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MANDATORY SUPPORTING DOCUMENTS

☐ Child's Birth Certificate.

☐ Copy of the parents/guardians Identity Card or Passport or Alien Registration Certificate(ARC), where applicable.

☐ Certificate of Permanent Residence or other Supporting proof of residence.

☐ Recent Electricity Authority of Cyprus(EAC) and Water Supply bills (issued within the last months)

☐ Certificate of Registration on the Electoral Roll of the Community of Chloraka or a copy of the Voter Registration Booklet.

☐ Employer's Certificate or other proof of employment.

☐ Family Status Certificate.

☐ Single-Parent family Certificate (where applicable).

☐ Large Family certificate (where applicable).

☐ Guaranteed Minimum Income (GMI) or other Social Welfare Benefit Certificate (where applicable).

☐ Referral from the Social Welfare Services (where applicable).

☐ Child's Medical Certificate.

☐ Copy of the Child's Vaccination Record.

☐ Other: _____

IMPORTANT NOTICE

Applications will be considered **only if they are fully completed and accompanied by all the required supporting documents.** Incomplete applications or applications submitted without the necessary supporting documents **will not be considered** during the selection process. The submission of this application **does not automatically guarantee acceptance or enrolment of the child in the Nursery School.**

PART E: CHILD'S HEALTH & CARE INFORMATION

1. PEDIATRICIAN

Information	Details
Pediatrician's full name	_____
Telephone	_____
Medical Clinic	_____

2. MEDICAL HISTORY : Please tick (✓) where applicable.

Condition	Y/N	Condition	Y/N	Condition	Y/N
Asthma	☐ ☐	**Epilepsy**	☐ ☐	**Diabetes**	☐ ☐
Heart Condition	☐ ☐	**Autism Spectrum Disorder(ASD)**	☐ ☐	**Attention Deficit Hyperactivity Disorder(ADHD)**	☐ ☐
Hearing Impairment	☐ ☐	**Vision Impairment**	☐ ☐	**Physical Disability/ Mobility Difficulty**	☐ ☐
Developmental Delay	☐ ☐	**Other Medical Condition**	☐ ☐	.....	

If you answered YES to any of the above, please provide details:

_____

_____

_____

3. ALLERGIES

Allergy	Y/N	Allergy	Y/N	What is the child allergic to?
Food	☐ ☐	**Medication**	☐ ☐	
Insect Bites/Stings	☐ ☐		☐ ☐	

4. SEVERE ALLERGY

Does the child have a severe allergy that may require immediate medical attention?

☐ YES ☐ NO

If YES does the child carry emergency medication (e.g. EpiPen); ☐ YES ☐ NO

Instructions that the members of the stuff should be aware of:

---

5. MEDICATION

Is the child currently taking any medication?

☐ YES ☐ NO

If YES please specify:

Medication	Prescription

6. IMMUNIZATIONS

☐ The child has received all scheduled immunizations.

☐ The child's immunizations are not yet complete .

A copy of the child's Vaccination Record is Attached: ☐ YES ☐ NO

7. NUTRITION

Does the child require a special diet? ☐ YES ☐ NO

Are there any foods that the child should not consume? ☐ YES ☐ NO

If YES, please specify:

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8. OTHER IMPORTANT INFORMATION

(e.g sleeping difficulties, fears, special habits, therapeutic programmes or any other information the staff should be aware of)

PART F : CHILD COLLECTION

Authorized Persons to collect the Child

Full Name	Relationship	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART G: PARENT / GUARDIAN CONSENTS

Please tick (✓) where you agree.

☐ I declare that all the information provided in this application is true and accurate.

☐ I declare that I have fully informed the Nursery School of my child's health condition, including any allergies, illnesses or medications.

☐ I undertake to notify the Nursery School immediately of any changes to the information provided above.

☐ I confirm that I have read and accept the Nursery School's rules and regulations.

☐ I give my consent for First Aid to be administered to my child if necessary.

☐ In the event of an emergency, I authorize the Nursery school to call an ambulance or transport my child to the nearest medical facility if it is not possible to contact me immediately.

☐ I consent to the processing of my personal data in accordance with the applicable General Data Protection Regulation (GDPR), solely for the purposes of the operation of the Nursery School.

☐ I consent to photographs and/or videos of my child being taken and used for educational purposes or for promoting the activities of the Nursery School .

☐ **YES** ☐ **NO**

☐ I consent my child's participation in activities organized by the nursery school..

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☐ **YES** ☐ **NO**

DECLARATION OF RESPONSIBILITY

I hereby declare that the information provided in this application is accurate and complete. I understand that the concealment of information or the submission of inaccurate details may affect the assessment of the application or the continuation of my child's enrolment.

SIGNATURES

Full Name Parent / Guardian:	_____
Signature:	_____
Date:	____ / ____ / _____

FOR INTERNAL USE BY THE NURSERY SCHOOL

DETAILS	**COMPLETION**
Application Receipt Date	____ / ____ / _____
Documents check	☐ Complete ☐ Incomplete
Criteria Points	_____
Decision	☐ Approved ☐ Reject ☐ Waiting List
Justification of the above Decision	....
Decision Date	____ / ____ / _____
Authorized Person's signature	_____ Date. .....

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