

Child's ID number: ___ - ___ - ___ - ___ - ___ Start date:/...../..... Pick-up time: ___:___ PM



APPLICATION FORM FOR PRE-SCHOOL CARE

1. CHILD'S INFORMATION

Name: (Mr./Ms.) **Surname:** **Nickname:**
Date of Birth: / / **Age:** Years Months
Weight: kg **Height:** cm
Race: **Nationality:** **Religion:**
Current Address: No. Village/Building Soi
..... Road Sub-district
District Province Postcode
Home Tel.

2. PARENT'S INFORMATION

Father's Name: (Mr.) **Age:** years
(**Nickname:**)
Occupation: **Workplace:**
Office Tel: **Mobile:**
Mother's Name: (Ms./Mrs.) **Age:** years
(**Nickname:**)
Occupation: **Workplace:**
Office Tel: **Mobile:**
Registered Address: No. Village/Building
Soi/Road Sub-district District
..... Province Postcode

3. AUTHORIZED PERSONS FOR PICK-UP (Other than Parents)

1. Name-Surname: Tel:
2. Name-Surname: Tel:
3. Name-Surname: Tel:
4. Name-Surname: Tel:

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4. HEALTH & DEVELOPMENT HISTORY

Development: Started walking at age months, Started speaking at age months

Toilet Training: Started at age months. Frequency: times/day. [Trained [In-progress

Communication: Words used for Bowel Movement: For Urination:

Self-Feeding: Can the child self-feed? [Yes [No

Dietary Habits: Breakfast: Lunch: Dinner:

Snacks: **Disliked Foods:**

Drinking: [Cup [Feeding Bottle [Water Bottle

Sleep/Play: Comfort toy for sleep: Favorite toy:

Social: Experience with peers: [Often [Sometimes [Never

Media: Favorite TV programs: Feared TV programs:

Blood Type: (A B O) RH

5. MEDICAL HISTORY

Infectious Diseases History: Chickenpox, Mumps, Others:

.....

Allergies: (Medicine, Food, Plants, Pets, others):

.....

Chronic Conditions:

.....

6. REQUIRED DOCUMENTS

Birth Certificate [Copy of Parents' ID Cards [Child's Vaccination Record

Copy of House Registration (Parents & Child) [Photos of Child & Parents/Guardians

I hereby certify that the information provided above is true and correct in every respect.

Sign: (Father/Guardian) Date:

Sign: (Mother) Date:

7. PDPA CONSENT (Personal Data Protection Act)

I (Father/Mother/Guardian) hereby consent to Atom Nursery collecting, using, and disclosing personal data of the child and parents for the following purposes:

- For childcare, development, and organizing activities.
- For educational documentation and internal administration.
- For communication regarding the child's welfare.
- For public relations (e.g., activity photos).
- For health, safety, and emergency purposes.

Data will be stored securely and will not be disclosed to third parties without consent, except as required by law. I acknowledge my rights under PDPA and can withdraw consent in writing.

Sign: (Father/Guardian) Date:

Sign: (Mother) Date: