



# Early Childhood Care and Education Authority

Serial:

## Application form Registration of Private Pre-school

Year: .....

- 1 Name of School : \_\_\_\_\_
- 2 Address of School : \_\_\_\_\_
- 3 Phone number /Fax number : \_\_\_\_\_
- 4 Email address : \_\_\_\_\_
- 5 Name of Manager : \_\_\_\_\_
- 6 Address of Manager : \_\_\_\_\_
- 7 Phone /fax number of Manager : \_\_\_\_\_
- 8 Name of owner of School : \_\_\_\_\_
- 9 Address of owner of School : \_\_\_\_\_
- 10 Phone /fax number of Owner of school : \_\_\_\_\_
- 11 Name of owner of building : \_\_\_\_\_
- 12 Address of owner of building : \_\_\_\_\_
- 13 Type of school  
Pre-school only  
Pre-school and day care centre  
Pre-school with Child Minding Service  
Pre-school and day Care with CMS

**14. Staff employed including teaching and non teaching staff**

SN	Name	D.O.B	Designation	Date / year of appointment	Monthly salary/allowances

**15. Roll as at date of application**

Age	Boys	Girls	Total
3+			
4+			
5+			
<b>Total</b>			

Age group	No of group/s	No of Teacher/s
3 – 4 years		
4 – 5 years		

16. School capacity: .....

17(a). No. of Children with special needs

If yes, specify types:

.....

.....

.....

.....

17(b). Facilities available if any for children with Special Needs

.....

.....

.....

.....

**18. School Fees**

1	Monthly school fee claimed from parent	
2	Is a 13 <sup>th</sup> month claimed from parents	
3	Other contribution claimed from parents( <i>specify</i> )	
4	Other sources of income ( <i>specify</i> )	

**19. Building.**

**19.1 Type of building**

Concrete only	
Concrete and corrugated iron sheet	
Wooden and corrugated iron sheet	
Building owned	
Building used exclusively for pre-primary	
Building used partly for pre-school and residential purposes	

**19.2 Classrooms**

No of classrooms

SN	Size of classroom/s in square meters (m <sup>2</sup> )	Length of classroom/s	Width of classroom/s	Classroom Capacity	Roll	No of Educator
1						
2						
3						
4						
5						
6						
7						
8						
Total area in square meter m <sup>2</sup>						



**20. Other Services**

<b>20.1 DAY CARE</b>	
Do you run a nursery	
if yes, is it separated from pre-school	
<b>20.2 -MEDICAL</b>	
Medical clearance of staff	
Medical screening of children	
Medical/insurance coverage of children	
<b>20.3 -MEAL</b>	
Provided by parents	
Provided by schools	
Other ( specify )	

**21. Daily schedule and dates of school term**

21.1 Dates of school terms	Term	From	To	Remarks
	Term 1			
	Term 2			
	Term3			
21.2 Hours of operation	From		To	Number of hours per day :
21.3 After school hours service offered				

**22. Application is accompanied by the following as per provision made under paragraph (2) of the pre-school regulation of 2011**

1	The relevant permit issued by the district council or municipal council in relation to the premises where the pre-primary school shall operate	Yes	No
2	A certificate from the Sanitary Authority under the Public Health Act to the effect that the premises is free of any nuisance		
3	A certificate from the Controller, Fire Services or his authorized officer, to the effect that the premises where the pre-primary school shall operate satisfy fire safety requirements		

**23. Early Childhood Programme:**

Programme offered	Age group
The National Curriculum Framework (NCF) Pre-primary <span style="float: right;">Yes <input type="checkbox"/></span>	
If <b>No</b> please specify: ..... ..... ..... ..... ..... .....	

**24. Records kept as per the pre-school regulations of 2011**

SN	RECORDS	YES	NO
1	Admission register of children		
2	An attendance register of children, educators and non-teaching staff		
3	A register of educators, non-teaching staff and child care givers		
4	An inspection register		
5	A cask book		
6	<b>Visitors book</b>		
7	<b>Inventory of furniture and equipment</b>		
8	<b>A time table</b>		
9	<b>A pupil's profile</b>		
10	<b>A daily occurrence book</b>		
11	Attendance register of children benefiting from child minding services		

**Date:** .....

**Signature of Manager:** .....

**Assistant Coordinator Remarks**

I,..... Assistant Coordinator hereby certify having verified the above information and recommend /do not recommend the registration of the school

Signature of Assistant Coordinator: ..... Date: .....

**Remarks from Coordinator**

This is to certify that the above application for registration have been approved as from.....

Signature of Coordinator: ..... Date: .....