



Early Childhood Care and Education Authority

Code:

Application form
Registration of Private Pre-primary school for
Registration period January 2023 – December 2024

- 1 Name of School : _____
- 2 Address of School : _____
- 3 Phone number /Fax number : _____
- 4 Email address : _____
- 5(a) Name of Manager : _____
- 5(b) Title : _____
- 5(c) Address of Manager : _____
- 5(d) Phone /fax number of Manager : _____
- 5(e) Date of birth : _____
- 5(f) Age : _____
- 5(g) Gender : _____
- 5(h) Nationality : _____
- 5(i) Work permit (*if applicable*) : _____
- 5(j) National ID No: : _____
- 5(k) Address (Home) : _____
- 5(l) Phone (Home) : _____
- 5(m) Email address : _____
- 6 Name of owner of School : _____
- 7 Address of owner of School : _____
- 8 Phone /fax number of Owner of school : _____
- 9 Name of owner of building : _____
- 10 Address of owner of building : _____

- 11 Type of school
- Pre-school only
- Pre-school and day care centre
- Pre-school with Child Minding Service
- before & afterschool hours
 - During school holiday
- Pre-school and day Care with CMS

12. Staff employed including teaching and non teaching staff

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

13. Number of applicant received for new registration

List of pupils & birth certificate attached

14. Roll as at date of application (Re-new)

Age	Boys	Girls	Total
3+			
4+			
5+			
Total			

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

If yes, specify types:

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.....

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To submit: Medical Report/Diagnosis

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

	Yes	No
1. Qualified educators	<input type="checkbox"/>	<input type="checkbox"/>
2. Therapist services	<input type="checkbox"/>	<input type="checkbox"/>
3. Adapted bathroom	<input type="checkbox"/>	<input type="checkbox"/>
4. Adapted Toilet	<input type="checkbox"/>	<input type="checkbox"/>
5. Ramps	<input type="checkbox"/>	<input type="checkbox"/>
6. Handrail	<input type="checkbox"/>	<input type="checkbox"/>

16. Agreement with parents

1	Is there a written agreement duly read & signed by parents	<i>(Yes or No)</i>
2	Monthly school fee claimed from parents	<i>(specify amount)</i>
3	Does the agreement include 13 th month bonus	<i>(specify amount)</i>
4	Other contribution claimed from parents: <ul style="list-style-type: none"> • <i>a registration fee</i> • <i>an advance fee payment</i> • <i>school materials</i> • <i>food programme</i> 	<i>(specify amount)</i> <i>(specify amount if yes)</i> <i>(specify amount if yes)</i> <i>(specify amount if yes)</i> <i>(specify amount if yes)</i>
	Other sources of income (e.g. Per Capita Grant, donation.....)	<i>(specify amount)</i>

Upload copy of Agreement

17. Building.

17.1 Type of building

	Yes	No
Concrete only	<input type="checkbox"/>	<input type="checkbox"/>
Concrete and corrugated iron sheet	<input type="checkbox"/>	<input type="checkbox"/>
Wooden and corrugated iron sheet	<input type="checkbox"/>	<input type="checkbox"/>
Building owned	<input type="checkbox"/>	<input type="checkbox"/>
Building rent	<input type="checkbox"/>	<input type="checkbox"/>
Building used exclusively for pre-primary	<input type="checkbox"/>	<input type="checkbox"/>
Building used partly for pre-school and residential purposes	<input type="checkbox"/>	<input type="checkbox"/>

17.2 Classrooms

No of classrooms

SN	Size of classroom/s in square meters (m ²)	Length of classroom/s	Width of classroom/s
1			
2			
3			
4			
5			
6			
7			
8			
Total area in square meter m²			

17.3 Amenities

SN	Items	Yes	No	Quantity where applicable	SN	Items	Yes	No	Quantity where applicable
1	Natural light				10	Fire extinguishers			
2	Artificial light				11	Refuse disposal			
3	Water closets				12	Assembly point			
4	Shower				13	Circulation space			
5	Water points				14	Exit area			
6	Wash hand basins				15	Kitchen facilities			
7	Water storage / tanks				16	Fire Aid Kits			
8	Individuals towels				17	Rest area			
9	Electricity available								

17.4: Learning Environment

Play corners available	Corner	Equipment/materials

Outdoor space available	<i>in sq mts</i>	
Is playground fenced and secured		
Outdoor equipment available	Equipment	Brief descriptions

18. Other Services

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

19. Daily schedule and dates of school term

19.1 Dates of school terms	Term	From	To	Remarks
	Term 1			
	Term 2			
	Term3			
19.2 Hours of operation	From		To	Number of hours per day :
19.3 After school hours' service offered:				
<ul style="list-style-type: none"> • Before & after school hours • During school holiday 				

20. 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		
3	An attendance of manager, educators, non-teaching staff and child care givers		
4	An inspection register		
5	A cash book		
6	Visitors book		
7	Inventory of furniture and equipment		
8	A time table		
9	A pupil's profile		
10	A daily occurrence book		
11	Attendance register of children benefiting from child minding services		
12	Movement book for staff and children		

Name of manager:

Signature of manager:

Date:

.....**For official use**.....

Application is accompanied by the following as per provision made under paragraph (2) of the pre-primary school regulations 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 (date)	No
2	A certificate from the Sanitary Authority under the Public Health Act to the effect that the premises is free of any nuisance	Yes (date)	No
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	Yes (from – to)	No
4	School capacity		

The following documents have been produced for Manager

1	Birth Certificate		6	Professional Certificate	
2	Medical Certificate Date: From To		7	Educational Certificate	
3	X Ray report Date: From To		8	Certificate of Character Date: From To	
4	Identity Card		9	Civil marriage Certificate	
5	Work permit (<i>if applicable</i>)		10	First Aid (<i>if applicable</i>)	

Verified and certified correct by:

Name of verifying officer:

Signature: **Designation:** **Date:**

Remarks from Unit Coordinator

Approved/Not approved

Remarks

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Name of verifying officer:

Signature: **Date:**