

# Application Form

## APPLICANT (STUDENT) INFORMATION

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_____ *Legal Last Name	_____ *Legal First Name	_____ Legal Middle Name (if applicable)	PHOTO
_____ Preferred Name	_____ *Gender (M/F/O)	_____ *Date of Birth	
_____ *Place of Birth	_____ *Nationality	_____ *Entry Date	

  

_____ *Medical Alerts	_____ Existing Health Supports (if any)	_____ Allergies (if any)
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_____ * Address	_____ Postal Code	_____ Home Phone
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**\*Current/Previous Daycare/Preschool**

From \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_  
                   Date                  Date                  Name of Institution                  Country

From \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_  
                   Date                  Date                  Name of Institution                  Country

## PARENT INFORMATION (first contact)

_____ *Parent's Full Name	_____ Preferred Name
_____ Gender (M/F/O)	_____ *Mobile Phone
_____ *Email	
_____ Social Media/WeChat ID	
_____ Workplace/Job Title	

## PARENT INFORMATION

_____ *Parent's Full Name	_____ Preferred Name
_____ Gender (M/F/O)	_____ *Mobile Phone
_____ *Email	
_____ Social Media/WeChat ID	
_____ Workplace/Job Title	

**SIBLING(S)** (if applicable)

\_\_\_\_\_  
Sibling's Name                      English Name                      Gender(M/F/O)                      Grade                      Age

**EMERGENCY/GUARDIAN INFORMATION** (in Metro Vancouver)

\_\_\_\_\_  
\*Legal Full Name                      Gender(M/F/O)                      \*Relationship to Child                      \*Mobile Phone

\_\_\_\_\_  
\*Email                      Workplace & Job Title

**OTHER INFORMATION**

\_\_\_\_\_  
Special Educational Needs

Submit this form along with the following documents to the Admissions Office, or email them to [admissions@chaoyin.ca](mailto:admissions@chaoyin.ca):

- Completed Application Form
- Copy of student's passport/ID
- Copy of student's Birth Certificate
- Copy of parent's ID/passport
- Proof of Address
- Immunization records
- School records/reference letter (if applicable)
- Receipt/Screenshot of application fee payment

I hereby affirm that:

- All the information provided in this form is true and correct.
- I shall abide by the Rules and Regulations of Chaoyin Bilingual Academy.
- I shall pay the non-refundable application fee of \$250 to [ap.cydaycare@gmail.com](mailto:ap.cydaycare@gmail.com).

**IMPORTANT:** An incomplete application form, or failure to submit supporting documents, **WILL DELAY** the processing of your application.

\_\_\_\_\_  
\*Guardian's Signature

\_\_\_\_\_  
\*Date

OFFICE USE ONLY	
Interview Appointment	Remarks
Admissions Office	Principal