



Early Childhood Care & Development Centre

No. 11(B) Shin Saw Pu Road, San Chaung Township
Tel: 51 0035 E-mail: network_ed@cybertech.net.mm

Application Form

Date _____

Name of Child: _____ Sex: M / F

Date of Birth: D _____ M _____ Y _____ Age: _____

Nationality: _____ Mother Tongue: _____

Father's Name: _____

Occupation: _____

Mother's Name: _____

Occupation: _____

Residential Address: _____

Tel. No. (Day Time): _____

Business Address: _____

Tel. No. (Office): _____

Until what age would you like your child to stay at Network?: _____

OFFICE USE ONLY

REGISTRATION FEE _____ FEES PAYABLE _____

WAITING LIST _____ ACCEPTED _____ FINISHED _____

Medical Emergency

Phone number of work place in case of emergencies:

NAME

TELEPHONE

In the unlikely event of your child needing emergency treatment, please tick the Clinic to which your child should be taken.

KEMBANGAN PACIFIC MEDICAL CENTRE - Telephone 548022

AUSTRALIAN CLINIC – Telephone 246157

SOS INYA LAKE HOTEL – Telephone 667877

SAKURA MEDICAL CENTRE – Telephone 510079, 510186

OTHER - NameTelephone

N.B.: In an emergency we will take your child to the Clinic of your choice immediately and telephone you, so that you can meet us at the Clinic.

We will always inform you immediately if your child bumps his/her head.

PLEASE STATE BELOW ANY ALLERGIES OR SPECIAL PROBLEMS THAT YOUR CHILD MAY HAVE.

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