

### APPLICATION FOR REGISTRATION OF AN EARLY CHILDHOOD CENTRE

Application No. \_\_\_\_\_

Date: \_\_\_\_\_

(Please use capital letters when filling this form)

#### ECCE PROVIDER

FULL NAME

.....

ADDRESS

.....

.....

(MAILING ADDRESS IF DIFFERENT FROM ABOVE)

.....

.....

EMAIL ADDRESS

CONTACT NUMBER/S

.....

(Please state what telephone contact number would you like to have display on the ministry's website)

.....

.....

#### INFORMATION ON CENTRE

|                |
|----------------|
| NAME OF CENTRE |
|----------------|

|                          |
|--------------------------|
| ADDRESS OF ESTABLISHMENT |
|--------------------------|

|               |                  |            |
|---------------|------------------|------------|
| EMAIL ADDRESS | TELEPHONE NUMBER | FAX NUMBER |
|---------------|------------------|------------|

|  |
|--|
| STATE WHETHER THE ECCE PROVIDER IS THE OWNER OR TENANT OF THE PREMISES |
|--|

|   |
|---|
| PLEASE GIVE DETAILS AS TO THE TYPE OF STRUCTURE |
|---|

**(Tick the following appropriate boxes, giving details where required )**

**TYPE OF CENTRE**

- a.  DENOMINATIONAL      b.  GOVERNMENT      c.  NGO      d.  PRIVATE      e.  SERVOL

**SERVICE PROVIDED FOR**

- a.  0 - 3 YRS      b.  3 - 5 YRS      c.  BOTH

**TYPE OF SERVICE OFFERED**

- a.  BEFORE/AFTER CARE      b.  PRE-SCHOOL ONLY      c.  DAY CARE ONLY      d.  OTHER

**(If other please specify)**

.....

**NUMBER OF ROOMS ( EXCLUDING WASHROOM)**

**NUMBER OF CHILDREN TO BE ACCOMMODATED**

.....

.....

**IS AN AREA ALLOTTED AS A PLAYGROUND?**

YES

NO

**NUMBER OF STAFF MEMBERS**

.....

**OPERATING HOURS**

..... **TO** .....

I certify that the information submitted is true, complete and correct to the best of my knowledge and belief.

.....

**Signature of Applicant**