



Early Childhood Care and Education Authority

Serial:

Registration of Pre-Primary School with Child Minding Services Application form

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 Director of School(s) : _____
9. Address of Director of School(s) : _____
10. Phone/Fax number of Director of school(s) : _____
11. Name of owner of building : _____
12. Address of owner of building : _____

13. Staff employed

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

14. Roll of children staying before & after school hours

Age group	Boys	Girls	Total	Remarks
3				
4				
5				
Total				

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

15. No. of Children with additional needs:

If yes, specify:

.....

16. Fee

a) Mode of Payment: _____

b) Amount paid : Rs _____

c) Other contribution : _____
(specify)

17.1 Building used for childminding services

- Building used for pre-primary children only: Yes No
- Separate building/area used for pre-primary school and child minding service: Yes No
- Same Building used for registered PPS: Yes No

17.2 Classrooms

No of classrooms

SN	Size of classroom/s in square meters (m ²)	Length of classroom/s	Width of classroom/s	Classroom Capacity	Roll	No of Educator/ Caregiver
1						
2						
3						
Total area in square meter m²						

17.3 Amenities (✓ as appropriate)

SN	Items	Yes	No	Qty available
1.	Water closets			
2.	Shower			
3.	Water point			
4.	Wash hand basin			
5.	Water storage /tank			
6.	Individual towel			
7.	Fire extinguishers			
8.	Refuse disposal			
9.	Kitchen facilities			

17.4: Main activities offered for Child Minding Services

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

17.5: Learning environment

	Corner	Equipment/materials
Play corners available		

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

18. Other Services (✓ as appropriate)

Yes No

18.1 Medical Scheme

18.1.1 Medical/Insurance scheme for children

18.2 Meal

18.2.1 Meal provided by parents

18.2.2 Meal provided by school

Other (Specify):

19.1 Hours of service

	From	To	REMARKS
Before school hours			
After school hours			

19.2 School Terms

Term	Dates
First term	
Second Term	
Third Term	

20. Records/Registers as per the ECCEA Act – Regulations 2011 as per Government Notice No 176 of 2011 (✓ as appropriate)

SN	Record	Yes	No	SN	Record	Yes	No
1.	Admission register			7.	Inventory book		
2.	Attendance register of children benefitting from child minding services			8.	Cash book		
3.	Attendance register (Staff)			9.	Time table		
4.	Inspection register			10	Pupils profile		
5.	Visitor’s book						
6.	Log/Occurrence book						

I certify that the information given on this form is true, complete and correct to the best of my knowledge.

Signature of Manager: **Date:**

FOR OFFICIAL USE

Name of Assistant Coordinator: Date:

Signature:

Name of Coordinator: Date:

Signature:

<p>Comments:</p>
