

(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

OFFICIAL USE ONLY (PLEASE DO NOT WRITE IN THIS BOX)