

**Early Childhood Development Centre
University of Colombo**

Application Form

1. Full name of the Child (*Underline the name by which the is to be addressed*): _____

2. Date of Birth (*Attach a certified copy of the Birth Certificate*): _____ Age: _____
3. Sex: **Male:** **Female:**
4. If attending school **YES/ NO:** _____

Personal Details

5. Full name of Father/ Mother/ Guardian: _____

6. Permanent Address: _____

7. Telephone No: _____

Office Details

8. Work place of the Father: _____
9. Address of the Work Place: _____

10. Telephone No: _____
11. Work place of the Mother/ Guardian: _____
12. Address of the Work Place: _____

13. Telephone No: _____
14. Person to contact in case of emergency: _____
15. Address: _____

16. Telephone No: _____
17. Any condition medical or otherwise of the child that the authorities need to be aware of:
Time duration of staying at the Day Care Centre (Please mark "✓" as appropriate)
Morning and Evening Sessions :
Morning Session only :
Evening Session only :

Monthly fees:

	Applicants of the UoC	Applicants from the Institutions of the UoC	Applicants from the Other Universities	External Applicants
Morning & Evening Sessions	Rs. 750/-	Rs. 1000/-	Rs. 1500/-	Rs. 3500/-
One Session	Rs. 500/-	Rs. 750/-	Rs. 750/-	Rs. 2000/-

I certify that the above information's are true and correct. I agree to admit and pick-up my child on time and I also agree to pay **the fee for the Day Care Centre in the first week of every month.**

Date

Signature of Father/ Mother/ Guardian

ONLY FOR THE UNIVERSITY EMPLOYEES

Senior Assistant Registrar
Student & Staff Welfare

I certify that that Mr. / Mrs. Is attached to the _____
(Faculty/ Department/ Branch).

Date

Head of the Department

FOR OFFICE USE ONLY

Day Care Assistant,

Please admit the above mentioned child to the Day Care Centre.

Date

Senior Assistant Registrar
Student & Staff Welfare

IMPORTANT: We regret to inform you that no facilities for children of special needs at present.