



# REGISTRATION FORM

## CHILD'S PARTICULARS

Name as in Birth Certificate /Passport:			
Name in Chinese Characters: <i>(if applicable)</i>			
Birth Certificate No./FIN/Passport No.:			
Home Address:			
Date of Birth: ( dd/mm/yyyy)		Home No:	
Gender:		Nationality:	
Religion:		Race:	
Birth Order:		No. of Siblings	

## ALTERNATIVE CARE ARRANGEMENT

*In the event of voluntary/involuntary closure of the centre. Please provide details of the alternative care arrangement:*

Name:		Name:	
Address:		Address:	
Relationship to child:		Relationship to child:	
Contact No:		Contact No:	

## PROGRAMME REQUIRED

Type of Programme &duration: <i>i.e. Playgroup- FULL DAY</i>	
Date of Commencement:	

## FOR OFFICIAL USE

Registration Fee:		Paid:		Amount:	Application Status		
Deposit:		Unpaid:			<i>Accepted</i>		
Cheque No. & Bank		HD/FD			<i>Waiting list</i>		
Childcare link Updated date & by:		Uniform :	No.	Amount	PE Attire:	No.	Amount
Promotions		Discounts					



19 Jalan Singa 418106  
Tel no. 6742 9870

MOTHER'S PARTICULARS			
Name as in NRIC:			
ID Type:	<input type="checkbox"/> S'pore Pink IC <input type="checkbox"/> S'pore Blue IC <input type="checkbox"/> Passport <input type="checkbox"/> FIN <input type="checkbox"/> Others		
NRIC No./ FIN/Passport		Date of Birth:	
Nationality:		Race:	Hp No:
Address:			
Highest Education Level		Apply Subsidy: <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes) <input type="checkbox"/> Start Up Grant <input type="checkbox"/> FAS <input type="checkbox"/> PIC <input type="checkbox"/> Additional Subsidy	
Occupation:			
Company Name:		Gross Monthly Income:	
Company Address:			
Office No:	Email address:	Commencement Date:	
FATHER'S PARTICULARS			
Name as in Birth NRIC:			
ID Type:	<input type="checkbox"/> S'pore Pink IC <input type="checkbox"/> S'pore Blue IC <input type="checkbox"/> Passport <input type="checkbox"/> FIN <input type="checkbox"/> Others		
NRIC No./ FIN/Passport		Date of Birth:	
Nationality:		Race:	Hp No:
Highest Education Level		Apply Subsidy: <input type="checkbox"/> YES <input type="checkbox"/> NO (if yes) <input type="checkbox"/> Start Up Grant <input type="checkbox"/> FAS <input type="checkbox"/> PIC <input type="checkbox"/> Additional Subsidy	
Occupation:			
Company Name:		Gross Monthly Income:	
Company Address:			
Office No.	Email address:	Commencement Date:	



19 Jalan Singa 418106  
Tel no. 6742 9870

FOSTER PARENT'S/ GUARDIAN'S PARTICULARS			
<b>Name as in NRIC:</b>			
<b>ID Type:</b>		<input type="checkbox"/> <i>S'pore Pink IC</i> <input type="checkbox"/> <i>S'pore Blue IC</i> <input type="checkbox"/> <i>Passport</i> <input type="checkbox"/> <i>FIN</i> <input type="checkbox"/> <i>Others</i>	
<b>NRIC No./ FIN/Passport</b>		<b>Date of Birth:</b>	<b>HP No:</b>
<b>Nationality:</b>		<b>Race:</b>	<b>Home No:</b>
<b>Address:</b>		<b>Apply Subsidy:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(if yes)</i> <input type="checkbox"/> Start Up Grant <input type="checkbox"/> FAS <input type="checkbox"/> PIC <input type="checkbox"/> Additional Subsidy	
<b>Highest Education Level</b>			
<b>Occupation:</b>			
<b>Company Name:</b>		<b>Gross Monthly Income:</b>	
<b>Company Address:</b>			
<b>Office No:</b>	<b>Email address:</b>		<b>Commencement Date:</b>



19 Jalan Singa 418106  
Tel no. 6742 9870

### CHILD'S MEDICAL RECORD

<p><b>1. TYPES OF VACCINATION</b></p> <p>( to attach Vaccination Dates from child's Health Booklet)</p>	<p><b>2. PAST HISTORY OF DISEASE</b></p> <p>Chicken Pox DATE: _____</p> <p>Mumps DATE: _____</p> <p>Measles DATE: _____</p> <p>Diabetes DATE: _____</p> <p>Hepatitis DATE: _____</p> <p>Others (specify) _____</p>
<p><b>3. PAST MEDICAL HISTORY</b></p> <p>Congenital Heart Disease      YES / NO</p> <p>Asthmatic Bronchitis              YES / NO</p> <p>Epileptic Fits                      YES / NO</p> <p>Others (specify) _____</p>	<p><b>4. PHYSICAL DISABILITIES</b></p> <p>Speech                              YES / NO</p> <p>Sight                                YES / NO</p> <p>Hearing                            YES / NO</p> <p>Movement                        YES / NO</p> <p>Others ( specify) _____</p>
<p><b>5. Has your child had any serious accidents?      YES/NO _____</b></p> <p><b>Is your child allergic to anything?                      YES/NO _____</b></p> <p><b>Food Allergy: _____                              Medical Allergy: _____</b></p> <p><b>Do you know what his/her allergy is caused by? YES/NO _____</b></p> <p><b>If so, how does it manifest itself?</b></p> <p>Asthma _____                              Hay Fever _____</p> <p>Hives _____                                Others _____</p> <p><b>Special Diet required?      YES/NO _____</b></p> <p><b>Information updated by: _____      Relationship with child: _____</b></p>	



Things you would like to let us know about your child's eating habits, sleeping, habits, toileting, etc.

---



---



---

**RECORD OF FAMILY DOCTOR**

<b>Name of Clinic:</b>	
<b>Name of Doctor:</b>	
<b>Address of Clinic:</b>	
<b>Contact number of Clinic:</b>	

If you do not have a family doctor, please indicate where you bring your child to if he/she is not feeling well:

---



19 Jalan Singa 418106  
Tel no. 6742 9870

## STATEMENT OF CONSENT AND DECLARATION

I, Mr/Mrs \_\_\_\_\_ NRIC No. \_\_\_\_\_

Being the lawful parents/ guardian of \_\_\_\_\_  
(child's name)

hereby:

1. Consent to allow my son/daughter/ward to participate in all activities/excursion/ outing conducted by the MY KIDDIE KLUBHOUSE PTE LTD during his/her attendance at the centre. I understand that every precaution will be taken to ensure safety and will not hold the Centre responsible for any injuries which may be sustained during the programme. The cost of any such outings, stipulated by My Kiddie Klubhouse Pte Ltd from time to time, shall be borne by me.
2. Declared the attached particulars have been completed by me.
3. Undertake to inform My Kiddie Klubhouse Pte Ltd in writing of any changes in my
  - a) Occupation/Employer
  - b) Address/Telephone Number
  - c) Child's Medical Records etc.
4. Given consent to the Centre to administer first aid and medication to my child when a need arises.
5. I understand that the staff **WILL NOT** administer medicine to my child without my signature on the Medication Form.
6. Authorise the Centre to seek medical aid for my child in case of any emergencies.
7. I understand that the Centre may take photographs and videos of my school for centre documentation purposes.
8. I have read, understood, agreed to abide and be bound by all terms, conditions, rules and regulations of My Kiddie Klubhouse Pte Ltd stated in this form and the Parents' Handbook, which I acknowledge receipts hereof. I am also aware that these rules and regulations may be amended from time to time and accept that they are conditional to the enrolment of my child.

\_\_\_\_\_  
Parent's Signature over printed name

\_\_\_\_\_  
Date