



# REGISTRATION FORM

CHILD'S  
PHOTO

Please note the following:-

- 1) Please complete the form neatly.
- 2) All names must be in BLOCK.
- 3) Please make cheque payable to Little Paddington Preschool Serangoon Pte Ltd

## CHILD'S PARTICULARS

Name as in Birth Certificate / Fin Pass (*please underline SURNAME*): \_\_\_\_\_

Chinese Characters (if applicable) : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Birth Certificate / Fin Pass No : \_\_\_\_\_ Gender : Female / Male

Nationality : \_\_\_\_\_ Race : \_\_\_\_\_ Religion : \_\_\_\_\_

Home Address : \_\_\_\_\_

Postal Code : \_\_\_\_\_

### Pick Up/Drop Off Authorisation

Name : \_\_\_\_\_

NRIC / Fin Pass No : \_\_\_\_\_

Relationship : \_\_\_\_\_

Address : \_\_\_\_\_

Contact No : \_\_\_\_\_

### Alternative Care Authorisation

Name : \_\_\_\_\_

NRIC / Fin Pass No : \_\_\_\_\_

Relationship : \_\_\_\_\_

Address : \_\_\_\_\_

Contact No : \_\_\_\_\_

**Type of Programme (*Please circle accordingly*):**

**Infant Care** – Half Day or Full Day      **Nursery 2** – Half day or Full Day

**Playgroup** – Half Day or Full Day      **Kindergarten 1** – Half day or Full Day

**Nursery 1** – Half Day or Full Day      **Kindergarten 2** – Half day or Full Day

## FOR OFFICIAL USE

Date of Commencement :

Registration Fee	\$	Refundable Deposit	\$	School Fees	\$
Yearly Insurance	\$	Mattress Cot	\$	Mattress Cover	\$
Uniform AM Set	\$	Sports T Shirt PM Set	\$	Total Amount	\$
Amount Paid By	Cash / Cheque / Bank Transfer		Invoice No	Receipt No	

Remarks :

LITTLE PADDINGTON PRESCHOOL SERANGOON PTE LTD

No 4 Jalan Tani Singapore 548542 Tel : 6280 3007 / 9772 6255 ACRA No : 201512288K



### PARENTS' PARTICULARS

	MOTHER	FATHER
Name as in NRIC / FIN		
NRIC / FIN No		
Date of Birth		
Nationality		
Race		
Occupation		
Handphone No		
Home No		
Office No		
Email Address		

### EMERGENCY CONTACT *(Person to contact when parents cannot be reached)*

Name as in NRIC / FIN		NRIC / FIN No	
Contact Nos		Relationship	
Name as in NRIC / FIN		NRIC / FIN No	
Contact Nos		Relationship	

### EMERGENCY MEDICAL CONSENT

I authorize / do not authorize\* the Centre to administer simple first aid as and when my child needs it while at the Centre.

I authorize / do not authorize\* the Centre to bring my child to a nearby clinic in case of an emergency. I shall meet all the expenses incurred if and when such situation arises.

*Child's Doctor Information* : Name of Clinic \_\_\_\_\_

Name Of Doctor \_\_\_\_\_ Contact No: \_\_\_\_\_

\_\_\_\_\_  
Name & Signature of Parent

\_\_\_\_\_  
Date



**CHILD'S MEDICAL INFORMATION**

Is your child under any medical care?

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Is your child taking any medication? If yes what kind and for what?

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Does your child have any heart problems, breathing problems or other physical/medical problems, or developmental issues that you may be concerned about or that our teachers should be aware of? If so, please explain.

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Does your child have any know allergies? Please list.

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Are there any foods that your child cannot eat?

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**PERMISSION TO RELEASE CONTACT DETAILS**

By signing this release slip, I give permission to allow our contact numbers to be release to other parents so as to make it easier for parents to organise play dates, birthday parties and other social events for the children.

I, \_\_\_\_\_ (*name of primary parent contact*) give / do not give permission for the release of my contact details to parents of children attending Little Paddington Preschool Serangoon Pte Ltd

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



## MEDIA CONSENT

I, \_\_\_\_\_ (*name of parent*), do give / do not give permission to Little Paddington Preschool Serangoon Pte Ltd to use photographs and video clips of my child in publicity materials including Little Paddington Preschool Serangoon Pte Ltd media sites (including Facebook and Twitter, newsletters and advertising.

\_\_\_\_\_  
Name of Parent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PERSONAL DATA PROTECTION ACT (PDPA) CONSENT

To comply with the PDPA, Little Paddington Preschool Serangoon Pte Ltd hereby seek your consent to use your personal contact details for the stated purposes below. This will allow us to keep you updated on Little Paddington Preschool Serangoon Pte Ltd latest happenings, news-related messages and events.

I, \_\_\_\_\_ (*name of parent*), hereby consent Little Paddington Preschool Serangoon Pte Ltd to use the following methods of contact:-

- 1) Email Address - primary method for Invoices & School Reports and all other Communication with School Office
- 2) Handphone / Office / Home Phone numbers - use for contacting parents

\_\_\_\_\_  
Name of Parent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

