



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 TC 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

Alternative Care Authorisation

Name : _____

Name : _____

NRIC / Fin Pass No : _____

NRIC / Fin Pass No : _____

Relationship : _____

Relationship : _____

Address : _____

Address : _____

Contact No : _____

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	Receipt No	

Remarks :



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?

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

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.

Does your child have any know allergies? Please list.

Are there any foods that your child cannot eat?

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 TC Pte Ltd

Parent Signature

Date



MEDIA CONSENT

I, _____ (name of parent), do give / do not give permission to Little Paddington Preschool TC Pte Ltd to use photographs and video clips of my child in publicity materials including Little Paddington Preschool TC 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 TC 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 TC Pte Ltd latest happenings, news-related messages and events.

I, _____ (name of parent), hereby consent Little Paddington Preschool TC 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



PARENTS AS PARTNERS

In accordance to our Centre's belief, we consider all parents as partners in providing the best atmosphere for their children's well-being and education. Thus we would appreciate if you could assist us in answering the following questions (*please tick accordingly*) :

1) As a parent, I would like to meet up with the management for regular meet-the-parents sessions and take part in Parent's Workshops.

Yes _____ No _____

2) I would like to volunteer my services in the children's activities, like excursions, assisting in plays, fruits-plucking days and other activities organized by the Centre.

Yes _____ No _____

3) I would like to have regular meetings with other parents and the staff to organize events for the children.

Yes _____ No _____

Any other Comments / Instructions:

I hereby declare that the information in this form has been provided by me and to the best of my knowledge the particulars and information furnished therein are true and correct. I undertake to inform the Centre immediately of any changes should there be. I have read, understood and agreed to abide by all LITTLE PADDINGTON PRESCHOOL TC PTE LTD. Rules and Regulations stated in this form and the Parents Handbook. I am also aware that this rules and regulations may be amended from time to time and accept that they are conditional to the enrolment of my child. I have a copy of the Parent's Handbook. I shall not hold the staff / management of LITTLE PADDINGTON PRESCHOOL TC PTE LTD responsible if my child falls ill or suffers a injury while in the Centre or while involved in any activities conducted by the Centre, in and outside the Centre. I also understand that I have to give one (1) month's notice in case of withdrawal after the 2 weeks trial period.

Name of Parent

Signature

Date

