



## STUDENT REGISTRATION FORM

**For Office Use:**  
**Documentation Outstanding Tick when done**

		Father's FIN
		Mother's FIN
		Child's FIN/BC/PR Re-Entry Visa
		Child's Immunisation Cert
		Emergency Contact
		On Wait List - Date:
		Invoiced - Date:
Y	N	<b>Release of Contact Details Consent</b>
Y	N	<b>Turf City Walkabout Consent</b>
Y	N	<b>Media Consent</b>
Y	N	<b>Allergies</b>
ORIENTATION 1 on: (day+date)		
ORIENTATION 2 on: (day+date)		

**PLEASE FILL IN ALL BOXES AND COMPLETE ALL SECTIONS.**

Please print clearly

Today's Date (d-mmm-yy)	Intended Start date (d-mmm-yy)	Days attending					Class	Lunch	
		Please mark with an 'x' days desired & indicate am or pm						Y	N
3-Nov-11		M	Tu	W	Th	F		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm			

### STUDENT'S PARTICULARS

Student Name: Family Name/Surname		First/Given Name		Nationality:
Date of Birth (d-mmm-yy)	Age	Gender <input type="checkbox"/> F <input type="checkbox"/> M	Place of Birth:	
Dependent's Pass or Student Pass No. or NRIC:.				
Immigration Status: <i>Please tick applicable.</i> <input type="checkbox"/> Dependent's Pass <input type="checkbox"/> Permanent Resident (PR) <input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Student Pass Holder <input type="checkbox"/> Long Term Visitor Pass			Languages spoken at home: 1. 2.	
Home Address:				
Post Code:		Home Phone no.:		

Please print clearly

## REGISTRATION FORM (page 2)

### PARENTS'/GUARDIANS' PARTICULARS & PAYMENT DETAILS

	FATHER	MOTHER
NAME as in NRIC/EP/DP		
NRIC / FIN No.		
Immigration Status:	<i>Please tick applicable.</i> <input type="checkbox"/> Employment Pass (EP) <input type="checkbox"/> Dependent's Pass (DP) <input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Permanent Resident (PR) <input type="checkbox"/> Long Term Visitor Pass	<i>Please tick applicable.</i> <input type="checkbox"/> Employment Pass (EP) <input type="checkbox"/> Dependent's Pass (DP) <input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Permanent Resident (PR) <input type="checkbox"/> Long Term Visitor Pass
Nationality		
Occupation		
Business Phone no.		
Mobile Phone No.		
Email address		
<b>Please tick this box</b> <input type="checkbox"/> <b>if you authorise us to release your contact details to parents within your child's class.</b> This will facilitate ease of party and play date organisation.		
Invoice is to be paid by: <i>Please only tick one option:</i> <input type="checkbox"/> Family	<input type="checkbox"/> Company <i>please complete details below if paid by the Company</i> Company Name: FAO: Email: Office address:  Post Code:	

### EMERGENCY CONTACT PERSON

Person to contact (when you or your spouse cannot be reached)

Name:	Mobile No.:	Home No.:
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# MEDICAL FORM

## Strictly Private & Confidential

Please print clearly

Student Name: Family Name/Surname	First/Given Name	Date of Birth (d-mmm-yy)
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### Medical History

1. Is your child under medical care?       NO     YES

2. Is your child taking any medication?     NO     YES\*

\*If so, what kind? For what?

3. Does your child have any heart problems, breathing problems, or other physical/medical problems that our teachers should be aware of? If so, please explain.

4. Does your child have any known allergies? *Please list.*

5. Are there any foods that your child cannot eat.

6. Does your child wear glasses?             NO     YES

## Acknowledgment

### THE KINDERGARTEN AND ENRICHMENT CENTRE RULES AND REGULATIONS

I, the parent/guardian of> \_\_\_\_\_ have received and read the Rules and Regulations of **Swallows and Amazons** and I understand that the rules and regulations may be changed from time to time, and agree to abide by them.

### SAFETY AND WELFARE

I, the parent/guardian of> \_\_\_\_\_ understand that **Swallows and Amazons** may, from time to time, take my child out of its premises on excursions and field trips.

I also understand that before my child is taken out on such an outing, I will be notified in advance. I know that, should I desire for my child not to participate in the activity, I reserve the right to have him/her remain at the learning centre where he/she will be taking part in the **Swallows and Amazons** in-house programme for the day. In the ABSENCE of any written consent from me to my child's teacher with respect to such an outing, **Swallows and Amazons Pte Ltd** may presume that I have NOT given consent to take my child on any such excursion.

While I expect **Swallows and Amazons** to exercise the utmost care in ensuring the safety and welfare of my child, I will not hold **Swallows and Amazons Pte Ltd** or its staff liable for any accident or injury suffered by my child while on school premises or during an outing, and will not file claims against **Swallows and Amazons Pte Ltd** or any of its employees.

### LOSS OR DAMAGE OF PERSONAL PROPERTY

I understand that **Swallows and Amazons Pte Ltd** cannot accept responsibility for any loss or damage of personal items brought into the Kindergarten.

### MEDICAL TREATMENT

I, the parent/guardian of> \_\_\_\_\_, do hereby give permission to **Swallows and Amazons Pte Ltd** to have my child medically treated by a duly registered practitioner within or outside of the **Swallows and Amazons'** premises, in the event that **Swallows and Amazons** deems it necessary for the child to receive such treatment. This consent shall also extend to any first-aid rendered by **Swallows and Amazons'** staff to the child. Except for first aid given at **Swallows and Amazons**, all charges incurred for the treatment of the child, including transport expenses, if any, shall be borne by me/us.

### MEDIA CONSENT

I, the parent/guardian of> \_\_\_\_\_, do hereby give permission to **Swallows and Amazons Pte Ltd** to use photographs and video clips of my child in publicity materials, newsletters and advertising.

*I the undersigned, have read and understood all of the above.*

Signature of Parent/Guardian:

Date (d-mmm-yy):

Please print name:

Contact number:

Passport/IC/FIN no.:

The following **Walkabout Permission Slip** and **Contact Details Release Permission** is for:

**Child's Name:**

**Date of Birth (d-mmm-yy):**

## Swallows and Amazons Walkabout Permission Slip

<b>Location</b>	<b>Turf City and the Surrounding fields</b>
<b>Time</b>	<b>During school sessions</b>
<b>Notes</b>	We are fortunate that Swallows and Amazons Kindergarten is located at Turf City. There is freely available a wealth of different learning environments available that can be explored as part of the children's learning experiences in and around the Turf City grounds. In order for us to arrange activities such as nature walks, cloud watching, picnics, supermarket trips and so on for the children more regularly, please can you sign this consent form which will be <b><u>valid for the whole period of your child's enrolment at Swallows and Amazons.</u></b> For all other excursions and field trips, we will be sending out consent forms specific to those trips. Please rest assured that there will not be any compromise on safety and security of your children whether they are on a Turf City Walkabout or on any other excursion.

I give / do not give permission for the above mentioned child to participate on the walkabouts and trips within Turf City as indicated above.

X \_\_\_\_\_  
**Parent or guardian signature**

**Date (d-mmm-yy) 3-Nov-11**

## Swallows and Amazons Contact Details Release Slip

<b>Permission for Release of Parent's Contact details.</b>	<b>The Primary Contact is:</b> <input type="checkbox"/> <b>MUM</b> <input type="checkbox"/> <b>DAD</b> <input type="checkbox"/> <b>GUARDIAN</b> <i>(CROSS applicable)</i> By signing this release slip, I give permission to allow the: <ul style="list-style-type: none"><li>✓ Primary Contact's name</li><li>✓ Primary Contact's Mobile Number</li><li>✓ Primary Contact's Home Number</li><li>✓ Primary Contact's email address</li></ul> to be released to parents of registered Swallows and Amazons' students. This is to make it easier for parents to organise play dates, birthday parties and other social occasions.
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I give / do not give permission for the release of my contact details to parents of students' attending Swallows and Amazons Kindergarten

X \_\_\_\_\_  
**Parent or guardian signature**

**Date (d-mmm-yy) 3-Nov-11**