



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	Release of Contact Details Consent
Y	N	Turf City Walkabout Consent
Y	N	Media Consent
Y	N	Allergies
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 (dd/mm/yy)	Commencing on (dd/mm/yy)	Days attending					Class	Lunch Y / N
		Please circle days applicable & indicate am or pm						
		M	Tu	W	Th	F		
		am / pm	am / pm	am / pm	am / pm	am / pm		

STUDENT'S PARTICULARS

Student Name: Family Name/Surname		First/Given Name			Nationality:	
Date of Birth (dd/mm/yyyy)		Age	Gender	Place of Birth:		
<input type="text"/>	<input type="text"/>	<input type="text"/>	M / F			
Dependent's Pass / Student Pass No. / NRIC: <i>Please give one and circle applicable.</i>						
Immigration Status: <i>Please tick applicable.</i>				Languages spoken at home:		
<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				1. _____ 2. _____		
Home Address:						
Post Code: <input type="text"/>		Home Phone no.:				

Please print clearly

REGISTRATION FORM (page 2)

PARENTS'/GUARDIANS' PARTICULARS & PAYMENT DETAILS

	FATHER	MOTHER
Name as in NRIC/EP/DP <i>EP -Employment Pass</i> <i>DP -Dependent's Pass</i>		
NRIC / FIN No.		
Immigration Status:	<i>Please tick applicable.</i> <input type="checkbox"/> Employment Pass <input type="checkbox"/> Dependent's Pass <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 <input type="checkbox"/> Dependent's Pass <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		
Please tick this box <input type="checkbox"/> if you authorise us to release your contact details to parents within your child's class. 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.:

MEDICAL FORM
Strictly Private & Confidential

Please print clearly

Student Name: Family Name/Surname	First/Given Name	Date of Birth (dd/mm/yyyy) <table border="1" style="width: 100%;"><tr><td style="width: 10%; height: 15px;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>								

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 (dd/mm/yy): _____

Please print name: _____

Contact number: _____

Passport/IC/FIN no.: _____

Swallows and Amazons Walkabout Permission Slip

Turf City and Fields Details

Location	Turf City and the Surrounding fields
Time	During school sessions
Notes	<p>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.</p> <p>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 <u>valid for the whole period of your child's enrolment at Swallows and Amazons.</u></p> <p>For all other excursions and field trips, we will be sending out consent forms specific to those trips.</p> <p>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.</p>

Do not detach

Fill in bottom portion of permission slip and return to your child's teacher ASAP

I give / do not give permission for my child, _____ to participate on the walkabouts and trips within Turf City as indicated above. This consent only applies to Turf City and the Open Fields of Turf City.

X _____
Parent or guardian signature

Date

Please print name: _____