

Student Registration Form

A. PARTICULARS

Today's Date: (dd-mm-yyyy)	Day Attending Please mark with an 'X' days desired & indicate Am or PM					Lunch:
	M	Tu	W	Th	F	<input type="checkbox"/> No
Intended Start Date: (dd-mm-yyyy)	<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	<input type="checkbox"/> Yes <input type="checkbox"/> Please mark if vegetarian.
Level: <input type="checkbox"/> LP <input type="checkbox"/> PN <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> K1						Class:

STUDENT'S PARTICULARS

Student Name: (Family Name/Surname)	First/Given Name:	Race:	Nationality:
Date of birth: (dd-mm-yyyy)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Place of Birth:	IF not Singaporean, Singapore PR <input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent's Pass or Student Pass No. or NRIC:			
Immigration Status: (Please tick applicable)		Name and class of sibling currently studying at this preschool	
<input type="checkbox"/> Dependent's Pass	<input type="checkbox"/> Student Pass Holder	Name	:
<input type="checkbox"/> Permanent Resident (PR)	<input type="checkbox"/> Long Term Visitor Pass	Class	:
<input type="checkbox"/> Singapore Citizen	<input type="checkbox"/> Diplomatic ID		

CONTACT INFORMATION

Address:			
Block :	Street :	Level :	Unit : Building : Postal Code :
Home Telephone No:		Communication Email:	

INVOICE TO BE PAID BY

<input type="checkbox"/> Family	<input type="checkbox"/> Company Please complete details below if paid by the Company
	Company Name : _____
	FAO : _____
	Email : _____
	Office address : _____
	Post Code : _____

B. PARENT / LEGAL GUARDIAN CONTACT INFORMATION

Name: <small>as in NRIC/EP/DP</small>	Father	Mother
Contact type:	<input type="checkbox"/> Primary Contact <input type="checkbox"/> Emergency contact	<input type="checkbox"/> Primary Contact <input type="checkbox"/> Emergency contact
Immigration Status:	<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 <input type="checkbox"/> Diplomatic ID	<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 <input type="checkbox"/> Diplomatic ID
NRIC/FIN No.:		
Occupation:		
Nationality:		
Office Number:		
Home Number:		
Mobile Number:		
Email:		
Address:	Block : _____ Street : _____ Level : _____ Unit : _____ Building : _____ Postal code : _____ OR <input type="checkbox"/> Please tick, if same as child's.	Block : _____ Street : _____ Level : _____ Unit : _____ Building : _____ Postal code : _____ OR <input type="checkbox"/> Please tick, if same as child's.
Please tick this box <input type="checkbox"/> If you authorise us to release your contact details to parents within your child's class. <small>This will facilitate ease of party and play date organisation.</small>		

C. MEDICAL HISTORY

1. Is your child under medical care?	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Is your child taking any medication?	<input type="checkbox"/> No <input type="checkbox"/> Yes
3. If so, what kind? For what?	
4. Does your child have any heart problems, breathing problems, or other physical/medical problems that our teachers should be aware of? <small>(If so, please explain.)</small>	
5. Has your child been assessed by any of the following: <small>(check all applicable)</small>	<input type="checkbox"/> No <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Speech Therapist <input type="checkbox"/> Child Psychologist <input type="checkbox"/> Dietician <input type="checkbox"/> Paediatric Neurologist
6. Does your child have an IEP (Individual Learning Plan)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
7. Does your child have any known allergies? <small>(Please list)</small>	
8. Are there any foods that your child cannot eat?	
9. Name and contact details of your child's physician. Please put in N/A if not applicable	Physician's Name : _____ Practice/Surgery Name : _____ Telephone Number : _____ Address (including post code) : _____

SWALLOWS AND AMAZONS WALKABOUT PERMISSION SLIP

Location	The Grandstand and the Surroundings
Time	During school sessions
Notes	<p>We are fortunate that Swallows and Amazons is located at The Grandstand and the Surroundings. 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 The Grandstand and the Surroundings area.</p> <p>In order for us to arrange activities such as nature walks, cloud watching, picnics 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 The Grandstand and the Surroundings Walkabout or on any other excursion.</p>

- I give permission for the above mentioned child to participate on the walkabouts and trips within The Grandstand and the Surroundings as indicated above.
- I do not give permission for the above mentioned child to participate on the walkabouts and trips within The Grandstand and the Surroundings as indicated above.

SWALLOWS AND AMAZONS CONTACT DETAILS RELEASE SLIP

Permission for Release of Parent's Contact details.	<p>The Primary Contact is: <input type="checkbox"/> Mum <input type="checkbox"/> Dad <input type="checkbox"/> Guardian(cross applicable)</p> <p>By signing this release slip, I give permission to allow the:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Primary Contact's name. <input type="checkbox"/> Primary Contact's Mobile Number. <input type="checkbox"/> Primary Contact's Home Number. <input type="checkbox"/> Primary Contact's email address. <p>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.</p>
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- I give permission for the release of my contact details to parents of students' attending Swallows and Amazons.
- I do not give permission for the release of my contact details to parents of students' attending Swallows and Amazons.

SWALLOWS AND AMAZONS CONSENT TO USE PERSONAL CONTACT DETAILS

The Personal Data Protection Act 2012 (the "PDPA") establishes a general data protection law in Singapore, which governs the collection, use and disclosure of individuals' personal data by organisations.

The PDPA contains 2 main sets of provisions, covering data protection and the Do Not Call registry (the "DNC"). If you have registered your Singapore telephone numbers, including mobile, fixed-line, residential and business numbers with this registry, we may be unable to contact you via these telephone number(s).

To comply with the PDPA, we hereby seek your consent to use your personal contact details for the stated purposes below. This will allow us to keep you updated on the Kindergarten's latest happenings, news-related messages and events.

To give consent, kindly indicate below and return the form (hard copy to your teacher or to school office) by email to: saa@swallowsandamazons.com.sg.

Please rest assured that your personal contact details will otherwise be kept confidential unless consent given.

Thank you for your understanding and co-operation.

Jackie Barkham
Swallows and Amazons Kindergarten

PERSONAL DATA PROTECTION ACT (2012) CONSENT SLIP

I hereby consent to Swallows and Amazons Pte Ltd to use the following methods of contact:
(Tick all applicable)

- Mailing Address - primarily used for Invoices & school reports
- Email Address - primary method for School-Home communication including newsletters, teacher's messages etc
- Mobile phone number - primarily used for emergency contact

SWALLOWS AND AMAZONS MEDIA CONSENT

I hereby consent to Swallows and Amazons Pte Ltd to use photographs and video clips of my child in:

(tick all applicable)

Publicity materials, newsletter and advertising, including Facebook and Twitter.

Newsletter only.

E. ACKNOWLEDGEMENT

THE EARLY LEARNING CENTRE RULES AND REGULATIONS

I 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 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 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.

Parent / Guardian's Signature

Date