



# KHALSA KINDERGARTEN

## ENROLMENT FORM



CLASS ADMITTED TO

SESSION

DATE JOINED:

DATE LEFT:

### **PARTICULARS OF CHILD**

NAME:

SEX:

DATE OF BIRTH:

BC/PP/FIN NO:

STATUS:

ADDRESS:

S'PORE

TEL.:

RELIGION:

NATIONALITY:

NO. OF SIBLINGS:

ORDER OF BIRTH:

LANG. SPOKEN AT HOME:

IF OTHERS:

### **Choice of Mother Tongue:**

DIET:

### **PARENTS PARTICULARS**

<b>PARTICULARS</b>	<b>FATHER</b>	<b>MOTHER</b>
NAME AS IN I/C		
NATIONALITY		
NRIC/PP/FIN NO		
RACE		
OCCUPATION		
Office / Mobile TEL NO		
Email ID		

IF TAKING TRANSPORT: ADDRESS WHERE CHILD WILL BE PICKED UP:

Authorized personnel for fetching child (not taking bus transport):

### **Health issues**

- i. Does your child allergic reactions? E.g. foods, medicine etc.
- ii. Does your child have any special needs/ challenging behaviours?
- iii. Does your child regularly visit a specialist? E.g. Speech therapist
- iv. Does your child has any other medical conditions?

Name and contact of family physician:

# KHALSA KINDERGARTEN

## ENROLMENT FORM CONSENT FORM

1. I give my consent to the Khalsa Kindergarten to seek medical or hospital attention for my child/ward in the event of an emergency when it is not possible to contact me/my spouse I shall be responsible for all expenses incurred e.g. transport, medical fees and admission costs.
2. In an emergency and when I cannot be contacted, please communicate with (THIRD PERSON):

NAME:

RELATIONSHIP TO CHILD:

TEL:

(H)

(O)

### General Information

**I certify that all the information given is true and undertake to inform Khalsa Kindergarten of any changes to the above information. And I agree to the following permission:**

3. I give permission for my child to be observed, photographed and/or videoed by Khalsa Kindergarten teachers and student teachers for training purposes.
4. I give permission for my child's photograph and artworks to be displayed in our Khalsa Kindergarten's portfolio work, newsletter, in-house training materials and publicity materials and DVDs for sale within Khalsa. This includes materials placed on our website.
5. I authorize my child to be taken on routine excursions or outings and will not hold the school responsible for any unforeseen mishap/accident. (Ample notice of such excursions or outings will be given to parents.)
6. If I move house and no seat is available in the class (due to a change of session) or a seat on the bus (due to full capacity), the school will not be able to accommodate my child and I have to make alternative arrangements for schooling or transportation.
7. I certify that all statements written are true. I have read the attached rules and regulations and agree to adhere to the terms and conditions.

NAME:

Signature \_\_\_\_\_

RELATIONSHIP:

Date:

### FOR OFFICE USE:

S'porean's - B. C. of child & Parent's IC

PR's - Re-Entry permit ("T" Reference) & Parent's

Dependent / Visit / Long-Term Pass

Immunisation Record

Child 's Photograph
