

JURONG CALVARY KINDERGARTEN

REGISTRATION FORM



1. CHILD'S PARTICULARS

Full Name <i>(as in birth cert.)</i>			
Chinese Characters <i>(if applicable)</i>		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Birth Cert. No. / FIN No		Citizenship	Singapore / PR / Others* <i>*please delete accordingly</i>
Date of Birth		Race	
Address			
	Postal Code:		

2. PARENTS' / GUARDIAN'S PARTICULARS

	Father	Mother
Name		
NRIC No <i>(Singaporean / PR)</i>	ID No: _____ Pink / Blue	ID No: _____ Pink / Blue
FIN No (Foreigner)	Fin No: _____	Fin No: _____
Date of Birth		
Occupation		
Marital Status	Married / Divorced / Single / Separated / Widowed	Married / Divorced / Single / Separated / Widowed
Mobile No.		
Email Address		
Religion		

3. PREFERRED CHOICE OF SESSION

1st Session (8.15a.m – 11.15a.m) **2nd Session** (11.30a.m – 2.30p.m)

FOR OFFICIAL USE ONLY

Class assigned: _____ 1st Session / 2nd Session

Remarks _____

*littlelives CMS

4. ALTERNATIVE CONTACT

In the event of an emergency and when parents are not available or contactable, particulars of a guardian are required

Guardian's Name			
<i>(other than parent)</i>			
Relationship to child		Contact No.	

5. CDA Fee Payment - For Singaporean children only *(Please tick accordingly)*

Deduction via Bank: POSB / DBS

OCBC

UOB

6. CHILD'S MEDICAL HISTORY *(please attach details where necessary)*

Does your child have any allergies? If yes, please describe.	
Does your child have any special needs? If yes, please elaborate or attach medical report.	
Is there anything else about your child that the school should be aware of? If yes, please describe.	

7. MISCELLANEOUS**PDPA AGREEMENT**

By submitting all personal data listed on the form, you consent to Jurong Calvary Kindergarten collecting, using and disclosing the data for purposes of administrative processes involved in:

- Enrolment
- School activities
- Enrichment programs
- Responding to information requirements by Government Agencies

EMERGENCY MEASURES

In the event of an emergency, JCK will send your child to the nearest clinic or hospital if deemed necessary. The Kindergarten will also endeavour to contact parents / guardians in such situations.

I consent

do not consent

PHOTOGRAPHY

JCK will use photographs / videos of your child for the purpose of documentation and information in areas such as your child's portfolio, JCK's website, newsletters, notice boards and posters.

I consent

do not consent

Name of Father / Mother / Guardian*

Signature

Date

*Please delete accordingly