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## REGISTRATION FORM

Date of Registration	Level N1 / N2 / K1 / K2	Session AM / PM
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### 1. CHILD'S PARTICULARS

Child's Name (Please underline family name)			Chinese Characters
Date of Birth (DD/MM/YYYY)	Race	Religion	Country of Birth
Nationality	Gender M / F	Birth Order	No. of Siblings
Address		Name of sibling with Grace House / ex-student	
		Language(s) Spoken	
School Last Attended		BC / FIN / UIN Number	

### 2. PARENTS' PARTICULARS

	Father	Mother
Name		
NRIC/Passport/ UIN/FIN No.	S'pore Pink/ Blue / Foreign / Others	S'pore Pink/ Blue / Foreign / Others
Date of Birth (DD/MM/YYYY)		
Occupation		
Mobile No. & Home Tel No.		
Email Address		
Company's Name		
Religion		
Church (if attending)		

<b>3. AUTHORISATION FOR COLLECTION OF CHILD</b>			
<b>Authorised Person/s</b>	<b>Contact Numbers</b>	<b>NRIC/Passport No.</b>	<b>Relation to Child</b>

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<b>4. CHILD'S MEDICAL /DEVELOPMENTAL HISTORY</b>	
a. Does your child have any allergies? If yes, please describe.	
b. Does your child have any special needs? Physical difficulties / Serious Myopia / Speech delay / No eye-contact / Sensitive to loud sound / Others	
c. Is there any food or drink that your child is not allowed to consume? If yes, please specify.	
d. Is there anything else about your child that the school should be aware of? If yes, please elaborate.	
e. Name & contact of Family Physician	

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<b>5. How did you come to know about Grace House Kindergarten?</b>
Banner / Friends / Relatives / Grace AOG Church / MOE website /Others: _____

## **AUTHORISATION FOR EMERGENCY MEDICAL ATTENTION**

I, \_\_\_\_\_, of NRIC No./Passport No. \_\_\_\_\_, hereby authorise members of the staff to administer medicine to my child/ward or to bring him/ her to a doctor or hospital to seek medical attention in the case of an accident or any other emergency.

I hereby agree to meet all expenses incurred for any such medical treatment. I understand and agree that the management cannot be held responsible for any accidents or misadventure that may occur while my child/ward is in the care of the school.

**Signature of Parent:** \_\_\_\_\_



## ACKNOWLEDGEMENT OF AGREEMENT

I have received the Grace House Parents' Handbook and agree to abide by the terms, regulations, programme and requirements of Grace House Kindergarten.

Your personal information, including but not least, mobile number, email address, children's photos taken in-house will be used by the school/organisation to communicate directly with you, and for school's own logistic and for purpose of circulation news and information. Registering your child/children with us automatically confirms your consent. You may inform us at any point in time, after your child/children has left the school, that you do not wish to have your person information for such purpose, and we will promptly ensure that such uses will be halted immediately.

The School may periodically hold enrichment/special classes and programmes for your child. The School will assume that you wish to be kept informed of such classes and programmes, as these are part of the school's curriculum and activities. If you do not wish to be kept informed, please informed us with a written note.

Name of Parent: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY	
Date of Enrollment	
Remarks (If any)	
Under waiting list for AM or PM session. No: (      )	

**Documents submitted with the Registration form:**

Copy of child's Birth Certificate

Copy of child's Immunization Record

Copy of Parents' Identification Cards/ Entry or work permit

3 passport-sized photos of child

Copy of child's re-entry permit or Dependent pass  
(Non-Singaporeans only)

Baby Bonus/ CDA Forms (Singaporeans only).

Remarks: \_\_\_\_\_

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