

# FAITH KINDERGARTEN 信心幼稚园

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GST Registration No. M90368701J

REGISTRATION FORM				
<b>MOMENTS Programme (6 HOURS) -</b> <b>(Year _____)</b> Session: - (8:30 am-2:45 pm) Level - Pre Nursery <input type="checkbox"/> Nursery <input type="checkbox"/> K1 <input type="checkbox"/> K2 <input type="checkbox"/>		<b>3 HOURS Programme - (Year _____)</b> Session: - (8:30 am-11:30 am /11:45 am-2:45 pm) Level - Pre Nursery <input type="checkbox"/> Nursery <input type="checkbox"/> K1 <input type="checkbox"/> <b>4 Hours for K2 - (Year _____)</b> <input type="checkbox"/> Session: - (8:30 am-12:30 pm /10:45 am-2:45 pm)		
<b>1. CHILD'S PARTICULARS</b>				
Name (as in BC)		Birth Order		1 <sup>st</sup> / 2 <sup>nd</sup> / 3 <sup>rd</sup> / 4 <sup>th</sup>
Chinese characters		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth (dd/mm/yy)		BC No. / FIN No.		Citizenship:
Language Spoken at home		<input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others		
Religion		<input type="checkbox"/> Christianity <input type="checkbox"/> Buddhism <input type="checkbox"/> Islam <input type="checkbox"/> Hinduism <input type="checkbox"/> Others		
Address		Block No: _____ Unit No: _____ Postal Code: _____ Tel: No (H): _____ Street & Building Name: _____		
Kindergarten/Child Care attended before:				
Sibling if any, presently at Faith K: Name: _____ Class: _____				
Former Student of Faith NP / Kindergarten? Year: _____ Name of Child/Parent: _____				
<b>2. PARENT'S PARTICULARS</b>				
	<b>Father</b>		<b>Mother</b>	
Name				
Citizenship / DOB				
Occupation				
Name of Company				
Tel: No. (Office)				
Mobile No.				
Email Address				
Religion	Christianity/Buddhism/Hinduism/Islam/Others		Christianity/Buddhism/Hinduism/Islam/Others	
Church attending				
<b>3. IN CASE OF EMERGENCY, PLEASE CONTACT</b>				
Name of Person	Contact No.	Relationship to child		
<b>4. CHILD'S MEDICAL HISTORY</b> (Please attach details where necessary)				
a. Any Allergy/Food/drinks to avoid? Please give details				
b. Any Physical Disability? Speech/Vision/Hearing/Movement				
c. Any Special Needs? Please attach medical report				
Please attach the following items to the Registration Form:				
1) <input type="checkbox"/> A copy of the child's birth certificate				
2) <input type="checkbox"/> A copy of the child's passport/visit pass/dependent's pass/student's pass/parents I/D (for non-Singaporeans)				
3) <input type="checkbox"/> Registration fee of \$50 for Singaporeans/PR <b>OR</b> \$100 for non-Singaporeans				
4) <input type="checkbox"/> A One month down-payment for the level your child is registering for				
5) <input type="checkbox"/> A copy of the child's immunisation record				
<b>FOR OFFICE USE</b>				
Date of Registration:	CASH /CHEQUE No.	Registration Fees: \$	1 Month Down-Payment: \$	Term Fees: \$
Receipt No:	Remarks:			
PN / N / K1 / K2	CDA A/C Deductions for:	Term Fees: \$	1 Month Down-Payment: \$	Miscellaneous: \$
Remarks: Waiting List for 1 <sup>st</sup> / 2 <sup>nd</sup> Session: Reasons: _____				
Date of Withdrawal: _____ Reasons: _____				

**NOTE TO PARENTS:**

1. If you wish to withdraw your child from Faith Kindergarten after registration, please do so in writing **before 31 October of the Registration year**.

Please note that there will be no refund on the Registration fee and an amount of **\$150.00** will be deducted from the down-payment for the withdrawal.

No Refund of the down-payment will be made after 31 October of that year.

2. **Family Physician:** Name of Clinic: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Contact No. \_\_\_\_\_

3. **Authorised Person to fetch my Child:** Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ IC No. \_\_\_\_\_ Contact No: \_\_\_\_\_

**DECLARATION BY PARENT / GUARDIAN**

1. I, \_\_\_\_\_ hereby declare that I am fully aware that Faith Kindergarten is part of the Faith Methodist Church and I have no objection to my child receiving instructions in the Christian Faith.

2. I give consent for my child to participate in all activities conducted by the kindergarten.

3. I understand that while every precaution will be taken to ensure the safety of my child, I will not hold Faith Kindergarten responsible for any losses incurred or injuries sustained during Kindergarten programmes within the Centre and outside.

4. I have received a copy of "HANDBOOK FOR PARENTS' and also read the conditions outlined therein and agreed to abide by them.

5. I understand that ALL TERM FEES PAID are NON-REFUNDABLE / NON TRANSFERABLE.

6. I acknowledge that Faith Kindergarten is collecting my personal data in this Registration Form.

7. I hereby consent to Faith Kindergarten using my personal data for the purpose of maintaining and updating the Kindergarten/Banks/ECDA/MOH records in respect of my child's pre-school education in the kindergarten.

8. I consent to Faith Kindergarten taking photos and video recordings of my child/children at the different activities organised by the Kindergarten solely for use by the Kindergarten for publicity/advertising and educational purposes.

I agree to the above-mentioned terms

\_\_\_\_\_  
Parent / Guardian's Name & Signature

Date: \_\_\_\_\_