

Preschool Enrolment Form

***Office Use**

Centre: _____

Enrolment Date: _____

Documents: child's I.C. parent's I.C. 2 photos

Child's photo

CHILD 'S PARTICULARS

Full Name (English): _____ (Chinese) : _____

D.O.B./My Card No: _____ Age: _____ Sex: F / M

Place of Birth: _____ (Hosp/Town) _____ (country)

Residential Address: _____

Tel (H): _____

Home Language (s): English Mandarin Chinese Dialect

Tamil Others _____

Religion : Islam Buddhism Christianity Others _____

Position in siblings: 1st 2nd 3rd 4th

Siblings:

Name	D.O.B.	School
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

PARENT'S / GUARDIAN'S PARTICULARS

Father / Guardian (1)

Full Name : _____ I.C./ P.P. No. : _____

Occupation : _____ Email : _____

Tel (H) : _____ (O) _____ (H/P) _____

Mother / Guardian (2)

Full Name : _____ I.C./ P.P. No. : _____

Occupation : _____ Email : _____

Tel (H) : _____ (O) _____ (H/P) _____

Usual Parent / Guardian Status (Please tick)

- Two parent home
- Single parent home (mother / father)
- Guardian, specify: _____

People who usually pick up the child:

Name	Phone No.	Relationship
1. _____	_____	_____
2. _____	_____	_____

Emergency contact other than parents:

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

CHILD BEHAVIORAL PATTERN & MEDICAL INFORMATION

1. Interest: _____

2. Diet:

Non- Vegetarian Vegetarian

Special diet: _____

3. Does your child have allergies (towards food, medicine, etc)

No

Yes, specify: _____

4. Is your child suffering from the followings?

Generally healthy

Asthma, due to _____

Diabetes

Kidney disease

Tonsillitis

Eye problem _____

Eczema (skin allergy)

Poor appetite

Tantrum

Special needs (diagnosed ADHD, Autism, phobia, etc)

Others, specify: _____

5. Does your child have any kind of diagnosed physical impairment?

No

Yes, specify: _____

6. Do you consult a family doctor or pediatrician who knows your child's medical history?

No

Yes, specify name and contact no.: _____

Agreement of Care (TotalChild Preschool's Copy)

The safety and well being of your child is the primary concern of TotalChild Preschool (A TotalChild license owned and operated under license by **Tadika XXXXXXXX co. no. XXXXXXXX-X**) and its crew at all times. It is also our bounden duty to provide and maintain the safest and congenial environment for your child. However we realise that accidents can and do occur. In such eventuality TotalChild Preschool or its crew will not be liable for such circumstances that may occur during the school hours.

I _____ (parent) having been informed, and after having read and understood the above and other terms and conditions of TotalChild Preschool, agree to have my child _____ educated/cared for at the preschool.

- ***I certify that the information entered upon this document is true, to the best of my knowledge.***
- ***I undertake to inform TotalChild Preschool if any of these details change.***
- ***I have read and agreed to abide by all policies and guidelines in TotalChild Preschool 'Information and School Policy Handbook'***
- ***I hereby permit and authorize staff at TotalChild Preschool to obtain medical assistance which they deem necessary in the event of my child requiring medical treatment, and agree to pay all medical and transport costs incurred on behalf of my child.***
- ***I understand that my child's photos taken during school hours can be used for TotalChild Preschool marketing purposes without compensation.***

Signed by _____

Parent's name: _____ I.C. No.: _____

Attended by _____

Date : _____ (DD/MM/YY)

Agreement of Care

(Client's Copy)

The safety and well being of your child is the primary concern of TotalChild Preschool (A TotalChild license owned and operated under license by **Tadika XXXXXXXX co. no. XXXXXXX-X**) and its crew at all times. It is also our bounden duty to provide and maintain the safest and congenial environment for your child. However we realise that accidents can and do occur. In such eventuality TotalChild Preschool or its crew will not be liable for such circumstances that may occur during the school hours.

I _____ (parent) having been informed, and after having read and understood the above and other terms and conditions of TotalChild Preschool, agree to have my child _____ educated/cared for at the preschool.

- ***I certify that the information entered upon this document is true, to the best of my knowledge.***
- ***I undertake to inform TotalChild Preschool if any of these details change.***
- ***I have read and agreed to abide by all policies and guidelines in TotalChild Preschool 'Information and School Policy Handbook'***
- ***I hereby permit and authorize staff at TotalChild Preschool to obtain medical assistance which they deem necessary in the event of my child requiring medical treatment, and agree to pay all medical and transport costs incurred on behalf of my child.***
- ***I understand that my child's photos taken during school hours can be used for TotalChild Preschool marketing purposes without compensation.***

Signed by _____

Parent's name: _____ I.C. No.: _____

Attended by _____

Date : _____ (DD/MM/YY)

* To be kept by the undersigned.