

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

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.: _____

FOR DAY CARE ONLY

1. Is your child toilet trained?

- Yes
- In the process

2. Does your child feed on his/her own?

- Yes
- S/he needs some assistance

3. Can your child dress/undress without assistance?

- Yes
- S/he needs some assistance

4. What is your child's nap time?

- No, s/he does not take nap
- Usually from _____ to _____

5. Is your child up-to-date with all immunizations?

- Yes (please provide records)
- No, please elaborate _____

6. Has your child been hospitalized in the past 6 months?

- No
- Yes, due to _____

7. Does your child show the following behaviours when anxious or being provoked?

- biting
- yelling
- self hurting (knock on a hard surface)
- hitting/ kicking others