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REGISTRATION FORM

Registration Details		
Sessions	Levels	Commencement Date
<input type="checkbox"/> 半天 Half Day 8.00am – 12.00nn	<input type="checkbox"/> N1 <input type="checkbox"/> N2	
<input type="checkbox"/> 全天 Full day 8.00am – 3.30pm	<input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> K1 <input type="checkbox"/> K2	
<input type="checkbox"/> 需要校车服务 School bus transport required (service provided by vendor)		
孩子资料 Child's Particulars		
Name (in BLOCK letters as in Birth Cert):		中文姓名
出生证号码 / 护照号码 Birth Cert No. / Passport No.:		出生日期 Date of Birth:
性别 Gender: <input type="checkbox"/> 女 Female <input type="checkbox"/> 男 Male		年龄 Age:
常用语言 Language Spoken:		出生排名 Order of Birth:
国籍 Nationality: <input type="checkbox"/> 新加坡公民 <input type="checkbox"/> 永久居民 <input type="checkbox"/> 非新加坡公民 Singapore Citizen Singapore PR Non-Citizen (please specify)		
种族 Ethnic Group: <input type="checkbox"/> 华族 <input type="checkbox"/> 马来族 <input type="checkbox"/> 印度族 <input type="checkbox"/> 其他种族 Chinese Malay Indian Others (please specify)		
地址 Address:		住家电话 Home Tel No.:
是否曾经上过幼儿园 Attended Pre-School <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes (Name of School)		
免疫记录 Immunization		
您的孩子是否已接受了所需的预防针? Has the child received all scheduled immunizations? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No		
特殊饮食 Special Diet		
请注明 Please Specify:		
食物过敏 Food Allergies:		
请注明 Please Specify:		



健康状况 Medical Conditions

您的孩子是否有任何健康状况需要老师留意? 是 Yes 否 No

Does your child have/had a diagnosed medical condition that require attention?

若是, 请注明

If Yes, Please Specify:

您的孩子是否在长期服用药物? Is your child on any long term medication? 是 Yes 否 No

若是, 请注明

If Yes, Please Specify:

家长资料 Parents' Particulars

母亲 Mother

Name (in BLOCK letters as in NRIC/Passport):

中文姓名

居民证号码 / 护照号码
NRIC No. / Passport No.:

出生日期
Date of Birth:

电邮
Email:

手机号码
Mobile:

国籍 Nationality:

- 新加坡公民 Singapore Citizen
- 永久居民 Singapore PR
- 非新加坡公民 Non-Citizen (Please specify)

种族 Ethnic Group:

- 华族 Chinese
- 马来族 Malay
- 印度族 Indian
- 其他种族 Others (please specify)

职业
Occupation:

最高学历
Highest Academic Qualification :

宗教信仰
Religion:

会馆会员
Clan Membership: 是 Yes 否 No

父亲 Father

Name (in BLOCK letters as in NRIC/Passport):

中文姓名

居民证号码 / 护照号码
NRIC No. / Passport No.:

出生日期
Date of Birth:

电邮
Email:

手机号码
Mobile:

国籍 Nationality:

- 新加坡公民 Singapore Citizen
- 永久居民 Singapore PR
- 非新加坡公民 Non-Citizen (Please specify)



新加坡福建會館幼兒園

SINGAPORE HOKKIEN HUAY KUAN PRE-SCHOOL

Part of Singapore Hokkien Huay Kuan Cultural Academy Pte Ltd

(Co. & GST Reg. No. 201225032H)

种族 Ethnic Group:	
<input type="checkbox"/> 华族 Chinese	<input type="checkbox"/> 马来族 Malay
<input type="checkbox"/> 印度族 Indian	<input type="checkbox"/> 其他种族 Others (please specify)
职业 Occupation:	最高学历 Highest Academic Qualification:
宗教信仰 Religion:	会馆会员 Clan Membership: <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
紧急联系人除了家长(1) Emergency Contact exclude parents (1)	
联系人 Contact Person:	手机号码 Mobile:
关系 Relationship:	住家 / 公司电话 Home / Office Tel:
紧急联系人除了家长(2) Emergency Contact exclude parents (2)	
联系人 Contact Person:	手机号码 Mobile:
关系 Relationship:	住家 / 公司电话 Home / Office Tel:
授权接孩子除了家长(1) Authorized Person to pick up the child exclude parents (1)	
联系人 Contact Person:	居民证号码 / 护照号码 NRIC No. / Passport No.:
关系 Relationship	手机号码 Mobile:
地址 Address:	
授权接孩子除了家长(2) Authorized Person to pick up the child exclude parents (2)	
联系人 Contact Person:	居民证号码 / 护照号码 NRIC No. / Passport No.:
关系 Relationship	手机号码 Mobile:
地址 Address:	
授权接孩子除了家长(3) Authorized Person to pick up the child exclude parents (3)	
联系人 Contact Person:	居民证号码 / 护照号码 NRIC No. / Passport No.:
关系 Relationship	手机号码 Mobile:
地址 Address:	



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申明 Declaration

I _____, NRIC No. / Passport No.

_____ am the parent / guardian of the enrolled child declared that the information provided is the best of my knowledge and belief, accurate and complete.

I understand and agree that the Singapore Hokkien Huay Kuan Pre-School (“SHHKPS”) will collect and use the information I provided in this application form, together with other information SHHKPS may obtain about me for the purposes of assessing my application. By signing on this application form, I expressly consent that SHHKPS may disclose my information to any other agents in order to fulfill these purposes.

By ticking this box, I expressly indicate that I wish for SHHKPS mail, email or SMS more information of other courses and/or activities of SHHKPS to me.

I acknowledge and agree that as part of the application to the course and during the course, SHHKPS may collect, use and/or disclose your personal data (as defined under the Personal Data Protection Act 2012) in accordance with the laws and our Privacy Policy which can be found at <http://www.shhkpreschool.com.sg>.

Signature

Date



付款条規 Terms and Conditions for payment

1. Registration Form must be duly completed and with your payment via Cash, Cheque, NETS or Bank Transfer.

Fees Structure	Full Day 8am – 3.30pm	Half Day 8am – 12nn
Monthly Fee	S\$1,200.00	S\$900.00
GST 7% for Monthly Fee	S\$84.00	S\$63.00
Monthly Total	S\$1,284.00	S\$963.00
Deposit of one month's Fee with GST 7%	S\$1,284.00	S\$963.00
Registration Fee (One-Time)	S\$300.00	S\$300.00
GST 7% for Registration Fee	\$21.00	\$21.00
Grand Total	S\$2,889.00	S\$2,247.00

2. The total amount payable at registration includes the deposit of one month's fee, first month school fee, one-time non-refundable registration fee and prevailing 7% GST.

3. Please make cheque payable to “SHHK PRE-SCHOOL” and indicate your child's name and class at the back.

4. Submission of the admission form and payment can be made personally at or mailed to:

SHHK Pre-School,
5 Sennett Road
Singapore 466781

Opening hours:
9am to 5pm (Monday to Friday)
Closed on Weekends and Public Holidays

5. In the event that you wish to withdraw your child from our School after registration, please give **ONE-CALENDER MONTH NOTICE in-writing** (by using our prescribed form). There will be no Pro-rating of mid-month School fee.

6. For bank transfer details and other enquiries, call us at 6589 9503 or email to preschool@shhkca.com.sg



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(Co. & GST Reg. No. 201225032H)

For Official Use

I. Finance Department

Registration Date:		Processed by:	
Registration Fee & Deposit	Amount:	Bank In date:	
	Bank:	Cheque Number:	
Checked by:			

II. Preschool

Class:	Half Day / Full Day	Commencement Date:
Enrolment Completion Date:		

Payment Received

Mode of Payment: Cash / NETS / Bank & Cheque No. _____

Total Amount: S\$ _____

Payment for: All 3 categories : Registration Deposit First month school fee

+ School Items S\$ _____

Received by and date: _____

Remarks