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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



新加坡福建會館幼兒園

SINGAPORE HOKKIEN HUAY KUAN PRE-SCHOOL

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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