



Please Paste Recent Photo Here

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 Singapore Citizen	<input type="checkbox"/> 永久居民 Singapore PR	<input type="checkbox"/> 非新加坡公民 (请注明国籍) Non-Citizen (please specify)
种族 Ethnic Group:		
<input type="checkbox"/> 华人 Chinese	<input type="checkbox"/> 马来人 Malay	<input type="checkbox"/> 印度人 Indian
<input type="checkbox"/> 其他种族 Others (Please specify)		
家长婚姻状况 Parents Marital Status:		
<input type="checkbox"/> 已婚 Married	<input type="checkbox"/> 离婚 Divorce	<input type="checkbox"/> 单亲 Single Parent
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)		



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: <input type="checkbox"/> 新加坡公民 <input type="checkbox"/> 永久居民 <input type="checkbox"/> 非新加坡公民 (请注明国籍) 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)	
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
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: <input type="checkbox"/> 新加坡公民 <input type="checkbox"/> 永久居民 <input type="checkbox"/> 非新加坡公民 (请注明国籍) 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)	
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



除家长外的紧急联系人 (1) Emergency Contact (1) 【OTHER THAN parents】

联系人 Contact Person:	手机号码 Mobile:
关系 Relationship:	住家 / 公司电话 Home / Office Tel:

除家长外的紧急联系人 (2) Emergency Contact (2) 【OTHER THAN parents】

联系人 Contact Person:	手机号码 Mobile:
关系 Relationship:	住家 / 公司电话 Home / Office Tel:

家长授权接孩子的人员 (1) Authorized Person to pick up the child (1) OTHER THAN parents

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:	

家长授权接孩子的人员 (2) Authorized Person to pick up the child (2) OTHER THAN parents

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:	

家长授权接孩子的人员 (3) Authorized Person to pick up the child (3) OTHER THAN parents

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:	

家长授权接孩子的人员 (4) Authorized Person to pick up the child (4) OTHER THAN parents

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:	



CHILD'S HEALTH INFORMATION

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:

免疫记录 Immunization

您的孩子是否已接受了所需的预防针? 是 Yes 否 No
Has the child received all scheduled immunizations?

特殊饮食 Special Diet

请注明 Please Specify:

食物过敏 Food Allergies

请注明 Please Specify:
过敏症状 How does the allergy manifest itself: 哮喘 Asthma / 麻疹 Hives / 吐 Vomit / 其他 others _____
Please provide a medical report and written instruction on how to handle your child when situation(s) occur.

医疗条规 Medical Authorization and Regulation

- a) In the event that my child has taken ill or met with an accident and needed immediate medical attention, and my spouse or I cannot be contacted, I hereby authorize you to take my child to the nearest clinic or hospital for treatment. The medical fee will be borne by me.
- b) I understand that if my child appears ill in the centre, my child will be isolated from the other children and given staff supervision. Upon being notified, it is my responsibility to arrange for my child to be picked up as soon as possible.
- c) I further understand that medication shall be administered by your staff according to instruction given by me or my spouse on the medicine administration form under the provision that the name on medication is of the said child
- d) In the event that my child contracted a contagious disease such as influenza, HFMD, Chicken Pox, Measles, Shingles, and any other declared contagious by the Health Authority, I will keep my child, as well as my other children, who are also attending SHHK pre-school, at home.
- e) Name of family Doctor and Clinic: _____
Address of Clinic: _____
Clinic's Phone: _____ Doctor's Mobile (optional): _____



付款条規 Terms and Conditions for payment

1. Registration Form must be duly completed and with your payment via Online banking, NETs or Cheque

Fees Structure	Full Day 8.00am – 3.30pm	Half Day (N1 & N2 Only) 8.00am – 12.00nn
Monthly Fee	S\$1,400.00	S\$1,100.00
GST for Monthly Fee (9%)	S\$126.00	S\$99.00
Monthly Total	S\$1,526.00	S\$1,199.00
Deposit of one month’s Fee with 9 % GST	S\$1,526.00	S\$1,199.00
Registration Fee (One-Time) with 9% GST	S\$327.00	S\$327.00
Grand Total	S\$3,379.00	S\$2,725.00

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 GST.

3. Future monthly school fees invoices will be issued and placed in your child’s communication booklet. Our school fee is payable on a 12-monthly basis for all levels.

4. Payment of school fees must be made before 10th of every month. There will be a \$50.00 late fee penalty for payment later then 10th of every month.

5. Cheque payable must be made to “SHHK PRE-SCHOOL” and indicate your child’s name at the back.

6. Submission of the admission form can be made via email or personally at:



SHHK Pre-School
5 Sennett Road Singapore 466781



6589 9503



admin@shhkpreschool.com.sg



8.00am to 5.00pm (Monday to Friday)
Closed on Weekends and Public Holidays

7. For online banking details, please refer to Annex A (page 8)

8. In the event that you wish to withdraw your child from our School, please give **ONE-CALENDER MONTH NOTICE in-writing**. There will be no Pro-rating of mid-month School fee. The last month’s school fee will be offset against the deposit.



申明 Declaration

I, _____, NRIC No. / Passport No. _____ am the parent / guardian of the enrolled child declared that the information provided is to the best of my knowledge and belief, accurate and complete. I undertake to inform Singapore Hokkien Huay Kuan Pre-School (“SHHKPS”) of any changes in the particulars relating to this application.

I have read and accepted all terms and conditions for the enrollment and admission of my child to SHHKPS

I acknowledged and agree that as part of this application, SHHKPS will collect, use and / or disclose the information I provided in this application form (as defined under the Personal Data Protection Act 2012) 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.

* I hereby agree to allow Singapore Hokkien Huay Kuan Pre-School and its affiliates, the permission and rights to use the works of our child / children, the photographs and / or video taken of our child / children during class or performances, in its communications, marketing and publicity efforts including but not limited to: internal reports, brochures, press releases, website, outdoor display materials, magazines, online social media sharing, advertisements and campaigns, etc.

By ticking this box, I indicate that I wish to opt out on the above paragraph *.

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

Signature

Date



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)

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: NETS / Online Banking & Cheque No. _____

Total Amount: S\$ _____

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

+ School Items S\$ _____

Received by and date: _____

Remarks



Annex A

The Online Payment Methods as appended below:

For all online payments, please indicate your **child's name, class & description** (eg. JohnTanK2DecFee or TanLiLiK1Robotics) under reference no., (up to max. 25 letters). Once the transaction is completed, please take a screenshot of payment details and email it to our administrator HWEE FUNG at admin@shhkpreschool.com.sg so that we can verify and confirm the payment.

A) PAYNOW

Option 1 : UEN No: 201225032HPS1

Option 2 : QR Code



B) BANK TRANSFER

Our UOB Bank Accounts Details are as follows:

Account Number	Type	Account name
450-310-143-7	Current	SHHK PRE-SCHOOL