## sai kindergarten logoTHE END OF EDUCATION IS CHARACTER

###### Sri Sathya Sai Kindergarten

###### Block 716, #01-09, Pasir Ris street 72,

###### Singapore 510716,

Contact :65811979

###### Registered with MOE, Singapore

**Registration Form**

|  |  |  |
| --- | --- | --- |
| **Full Name :** |  | |
| (underlined surname) | |  |

Receipt num\_\_\_\_\_\_\_\_\_\_\_\_

**Class Selection**

|  |
| --- |
| Pre-Nursery Nursery Kindergarten One Kindergarten Two |

**Language Selection Gender**

|  |  |
| --- | --- |
| Tamil Hindi | Male Female |

**Session**

* Am(9:00 am to 12:00 noon)
* Pm(12:00noon to 3:00 pm)

|  |  |  |
| --- | --- | --- |
| **NRIC/ FIN Number** | **Date of Birth** | **Blood Type** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Nationality** | **Place of Birth** | **Home Numbers** |
|  |  |  |

|  |  |
| --- | --- |
| **Address** |  |
|  |  |

**Emergency Contact**

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship** | **Contact** |
|  |  |  |

**Additional Information**

|  |  |
| --- | --- |
| **Medical History** | **Food Allergy** |
|  |  |

**Date of Joining\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fees paid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| **Father** | | **Mother** | |
| **Mobile** |  | **Mobile** |  |
| **Email** |  | **Email** |  |
| **Occupation** |  | **Occupation** |  |
| **Employer’s Name & Address** | | **Employer’s Name & Address** | |
|  | |  | |
| **Telephone** |  | **Telephone** |  |

**Type**

|  |
| --- |
| Employment Pass Permanent Resident Singapore Citizen |

Please note that only **Vegetarian Food** is allowed in the Kindergarten. Thank you.

The child will avail preschool transport / \_\_\_\_\_\_\_\_\_\_\_\_ will bring and fetch the child.

**Statement of Parent/Guardian**

As the Parent/Guardian of the child, I will do my best to ensure that the child excels in skills and practices human values.

In case of emergency, I authorize the preschool to take a step in the best interest of my child .

I certify that the information given herein is correct to the best of my knowledge.

**Signature of parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fin Number/NRIC No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LOVE ALL, SERVE ALL - HELP EVER, HURT NEVER**