

TADIKA DESA JAYA

SCHOOL ENROLMENT FORM

Reg No: _____ (M / A)

STUDENT DETAILS

Recpt No: _____ Amt pd: _____

儿童姓名

Name of child: _____ (中) _____

性别: 女 / 男

Sex: F / M

出生日期

Birth date: _____

宗教

Religion: _____

民族

Race: _____

孩子成员之排行

Position of child in family: _____

以前就读的幼稚园

Former pre-school's name: _____

小学

Future Primary school: _____

健康报告

Health history: Good/ Need special attention

任何不适应的药物

Any allergies: Yes / No

Need attention on:

Allergy description:

1st Language: _____

Additional language: _____

PARENTAL DETAILS

父亲姓名

Father's Name: _____

职业

Occupation: _____

电话

Tel: (O) _____

Tel: (HP) _____

电邮

Email: _____

公司名称

Company name: _____

月薪

Expected salary: Below RM1000 ☐ RM1000-RM2500 ☐ RM2500-RM4000 ☐ Above RM4000 ☐

母亲姓名

Mother's Name: _____

职业

Occupation: _____

电话

Tel: (O) _____

Tel: (HP) _____

电邮

Email: _____

公司名称

Company Name: _____

月薪

Expected salary: Below RM1000 ☐ RM1000-RM2500 ☐ RM2500-RM4000 ☐ Above RM4000 ☐

地址

Home address: _____

电话

Tel: _____

紧急时联络何人

Emergency contact (other than parents): _____

电话

Tel: _____

Person authorized to pick up your child: Full name and NRIC

Tadika Desa Jaya Consent Form

- [A] All fees paid to Tadika Desa Jaya (TDJ) are non-refundable, transferable and / or exchangeable. I will read and comply other rules & regulations which will be given to my child.
- [B] I hereby give permission for my child's image to be used on the preschool's display boards, events, brochures, Facebook, website, and any other electronic medias.
- [C] The preschool may have the right to stop my child from schooling if my child is suspected to have ADHD, Autism, behaviour disorder or other symptoms which may affect other children.
- [D] Data protection statement: the information I provide on this form is required by TDJ as part of the enrolment process. The data is stored and processed in-house and share with government agencies, service providers or third parties who provide any service engaged by TDJ.
- [E] If there is any emergency which requires any immediate medical attention, I authorize TDJ to send my child to the nearest clinic or hospital. I understand that I will be advised prior to any treatment by a doctor or hospital.

日期
Date: _____

家长签名
Parent's signature: _____

For Office use:

Remarks: _____

Teacher's signature: _____

Date: _____