



BETHESDA AMK KINDERGARTEN

No. 601 Ang Mo Kio Ave 4 S569898

Phone: 6453 6134

Email: bethkindamk@gmail.com

REGISTRATION FORM

Session 1: 8.00am to 12.00pm

Session 2 : 12.15pm to 4.15pm

Level: Nursery 1 Nursery 2 K1 K2

SECTION A: PARTICULARS OF CHILD

Name as in Birth Certificate (underline surname)		Chinese characters (If any)	Gender: Boy / Girl
Address: Postal Code:		Tel No. (Home)	Birth order: 1st / 2nd / 3rd / 4th
Date of Birth	Birth Cert / FIN No.	Nationality:	
		Race:	Dialect:

SECTION B: MEDICAL INFORMATION

Does your child have any physical disabilities? Yes / No	Please specify:
<input type="checkbox"/> Speech <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Movement <input type="checkbox"/> Others _____	
Does your child have any physical disabilities? Yes / No	Please specify:
<input type="checkbox"/> Fits <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> G6PD <input type="checkbox"/> Allergies _____ <input type="checkbox"/> Others _____	
Does your child have any special needs? If YES , please describe or attach medical report.	
Does your child have any food restrictions? Yes / No If YES , please describe.	
Child's regular GP clinic name & contact no.	

SECTION C: PARTICULARS OF PARENTS/GUARDIAN

Particulars	Father / Guardian	Mother
Name		
NRIC / Passport No		
Nationality		
Occupation		
Name of Present Employer		
Highest academic qualifications		
Mobile Contact No.		
Office Contact No.		
Email Address		
Religion	Christianity / Buddhism / Hinduism/ Islam/ Others:	Christianity / Buddhism / Hinduism / Islam/ Others:
Church name (if attending)		

SECTION D: DISMISSAL

- My child takes the school bus home.
- My child will be picked up by: 1) _____ Hp: _____
2) _____ Hp: _____

DECLARATION & CONSENT

- 1) I agree that in the event that my child falls ill or is injured and requires immediate medical attention, the Kindergarten staff may at their discretion send my child to the nearest clinic or hospital for treatment. All medical expenses will be borne by me.
- 2) I give consent for photographs and videos of my child to be used by the Kindergarten for official purposes.
- 3) I give consent for my child to participate in all activities conducted by the Kindergarten within or outside the school premises. I understand that while every precaution will be taken to ensure the safety of my child, I will not hold Bethesda (Ang Mo Kio) Kindergarten responsible for any losses incurred or injuries sustained during the Kindergarten programmes within or outside the school premises.
- 4) I understand that in the event of withdrawal, refund of any fees paid is subject to the Kindergarten's withdrawal policy.
- 5) I understand and agree to abide by all the rules and regulations set out in the Parent's Handbook.

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Name of father / mother / guardian

.....
Signature / Date

Mode of payment: Cash/Cheque

CDA (Baby Bonus)

- If referred**, is this person a: Parent of our current student
 Member of our staff

If referred, please provide details of the person who referred you (full name of referee and class of current student, if applicable): _____

If not referred, how did you come to know about Bethesda (Ang Mo Kio) Kindergarten?

- Friends Relative MOE/ECDA Website Our Website Our Facebook/Instagram Online Advertisement

For Office Use

Class enrolled: _____

For Year 202_____ Term _____

Date of Registration: _____

Administrative Officer: _____

Date of Enrolment: _____

Referral Confirmed: _____

Date of Withdrawal: _____

Referral discounts applied: _____

Referral fee paid out: _____

