



# GLORY KINDERGARTEN

11 Pei Wah Avenue, Singapore 597611 Tel. 64685535 Fax. 64620918  
Email: gk@glorykindi.edu.sg

## REGISTRATION FORM

Level : \*N1 / N2 / K1 / K2

### Child's Particulars

Name (as in birth cert) : \_\_\_\_\_ (English) \_\_\_\_\_ (Chinese)

Birth Cert / Fin No : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Nationality : \*Singaporean / SPR / Foreigner ( \_\_\_\_\_ ) Place of Birth : \_\_\_\_\_

Gender : \* Male / Female Race : \_\_\_\_\_

Tel No (Home) \_\_\_\_\_ Address : \_\_\_\_\_ (S \_\_\_\_\_)

### Particulars of Parents / Guardian

	Father / Guardian	Mother / Guardian
Name		
Nationality	*Singaporean/SPR/ Foreigner( _____ )	*Singaporean/SPR/ Foreigner( _____ )
*NRIC / FIN No		
Race		
Date of Birth		
Occupation		
Name of Company		
Tel No (Office)		
Tel No (Mobile)		
Email Address		
Religion	*Christianity/Buddhism/ Hinduism/Islam/Others	*Christianity/Buddhism/ Hinduism/Islam/Others
Name of Church/Service attending		
GPC members	*Yes / No	*Yes / No
Highest Qualification		
First Language Spoken at Home		

\*Delete Accordingly

**Other Information**

Sibling(s) currently in Glory Kindergarten	Name :	Class :
	Name :	Class :
Sibling(s) graduated from Glory Kindergarten	Name(s):	

**Health History**

Allergies (food, medicine, etc.) \_\_\_\_\_

Medical Conditions (asthma, G6PD, fits, surgery, etc.) \_\_\_\_\_

**Name & Contact of Physician of Child**

Name of Clinic \_\_\_\_\_ Contact No \_\_\_\_\_ Name of Physician \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Contact No \_\_\_\_\_ Relationship to child \_\_\_\_\_

**Records of Authorized personnel permitted to fetch child from the Kindergarten (other than child's parents)**

Name	Relationship to Child	NRIC / FIN No	Contact No

**IMPORTANT NOTE FOR PARENTS**

I, (name) \_\_\_\_\_ of NRIC No / Fin \_\_\_\_\_ agree to the following:

- The enrolment of my child by making payment of \$ 270.00 as a deposit for year \_\_\_\_\_ of term \_\_\_\_\_.
- The deposit is refundable upon withdrawal provided the following two conditions are fulfilled :
  - Complete at least one term of school
  - One month's written notification of withdrawal
- I understand that the Kindergarten takes photographs, images, recordings and works of the child while he/she is participating in the Kindergarten's curriculum/activities/events. By signing on this form, I, the parent/guardian, give consent to Glory Kindergarten to use these materials in any media and for whatever purpose as the Kindergarten shall deem fit, including, without limitation, any promotional materials and the website of the school.
- In case of an emergency, I give consent for my child to be sent to the nearest clinic / hospital for medical attention.
- I shall abide with all terms and conditions and the Kindergarten reserves the right to make any changes where applicable.

\* Parent's / Guardian's Name &amp; Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Official Use Only**

	Amount	Modes of Payment	Receipt No	Date of Payment
Registration Fee				
Deposit				
Total Paid				

Fees Paid for N1 / N2 / K1 / K2 Commencement date \_\_\_\_\_ Class Allocated \_\_\_\_\_