

STUDENT CARE CENTRE REGISTRATION FORM

Singapore EduSmart Student Care Centre @ CHIJ Primary
(Toa Payoh)

628 Lorong 1 Toa Payoh Singapore 319765

Tel : 9777 3768

Email : chijtp_sccadmin@singaporeedusmart.com.sg

Student's photo

Student's Photo

STUDENT'S PARTICULARS

Name as stated in Birth Certificate (in block letters) :		Chinese Characters (if Applicable) :
Date of Birth :	Place of Birth :	Birth Certificate No :
Gender : Male / Female *	Race : Chinese / Malay / Indian / Others *	Nationality : Singaporean / Permanent Resident / Others *
Home Address :		Home Tel Number :
Name of School : CHIJ Primary (Toa Payoh)		Level and Class :
Currently under MOE's Financial Assistance Scheme (FAS) : Yes / No *		

PARTICULARS OF PARENTS / GUARDIANS

PARTICULARS	FATHER / GUARDIAN 1	MOTHER / GUARDIAN 2
Name as stated in NRIC :		
NRIC No :		
Nationality :		
Race :		
Religion :		
Mobile Number :		
Office Tel Number :		
Email Address :		
Name of Employer :		
Occupation :		
Gross monthly Income : <i>(Optional. Please fill up if you intend to apply for Student Care Subsidy)</i>		
Address (if different from child) :		
Household Size :		

*Fill up whichever is applicable

STUDENT'S MEDICAL INFORMATION		
		Please specify details if "yes"
Medical conditions / allergies :	Yes / No * _____	
Special dietary requirements :	Yes / No * _____	
You will be asked to fill up a more detailed Student Medical Record (Annex A)		
SPECIAL INSTRUCTIONS CONCERNING DAILY STUDENT'S DEPARTURE FROM STUDENT CARE CENTRE. (Please tick if applicable). P1 and P2 students are generally not allowed to go back home on their own, to ensure their safety.		
NOTE : if there are any subsequent changes in the fetching arrangement, the parents are wholly responsible to submit a written instruction to the Student Care Centre.		
<input type="checkbox"/> The following person(s) (other than parents) will be allowed to fetch my child home :		
	CONTACT 1	CONTACT 2
PARTCULARS		
Name as stated in NRIC :		
NRIC No :		
Relationship to child :		
Mobile Number :		
<input type="checkbox"/> I allow my child to go home on his/her own and absolve the Student Care Centre of all responsibilities once my child leaves the Student Care Centre.		
I verify that the information provided (including the medical information in Annex A) is correct. I understand that providing false information or withholding relevant information may result in termination of enrolment and may also pose health risk to my child / ward; for which I will not hold the centre responsible. Furthermore, I undertake to inform the centre in writing if there are any changes to the information provided in a timely manner.		
_____ Name of Parent / Guardian	_____ Signature and Date	
Fee matters		
Amount	Items	Comments
\$20	Registration fee	
\$260	First month fee	
\$260	Deposit	
\$22	2 T-shirts	\$11 per SCC T-shirt
\$2 per day	Holiday Full Day Surcharge (if applicable)	
Other matters		
<ul style="list-style-type: none"> The information provided in this registration form will be subjected to our Company's data protection policy. Required documents : Photocopies of Child's Birth Cert, both parents' NRIC (front & back) and proof of employment record of both parents. 		

*Fill up whichever is applicable

ANNEX A

STUDENT'S DETAILED MEDICAL RECORD

1. Type of immunisation (NOTE : you can also send us an email of your child's immunisation records maintained by Health Promotion Board)

	Date of Vaccination
i. BCG	
ii. Diptheria, Pertussis & Titanus	
iii. Polio Vaccine	
iv. Hepatitis B Vaccine	
v. Measles /Mumps/Rubella Vaccine	

Others (Specify): _____

2. Physical challenge

	Yes	No
i. Speech		
ii. Sight		
iii. Hearing		
iv. Movement		

Others (Specify): _____

3. Did/Does your child have any of the following medical conditions?

	Yes	No
i. Frequent colds		
ii. Tonsillitis		
iii. Ear Aches		
iv. Stomach Aches		
v. Fits Due to High Fever		
vi. Bronchial Asthma		
vii. Epilepsy		
viii. Kidney Disease		
ix. Heart Disease		
x. Diabetes Mellitus		
xi. Congenital Heart Disease		
xii. History of surgeries performed (Please specify if any:)		

Others (Specify): _____

4. Has your child had any serious accident? Yes / No* _____

If Yes, please specify: _____

5. Has your child been diagnosed with the following?

	Yes	No
i. ADD / ADHD		
ii. Asperger Syndrome/Rett Syndrome		
iii. Autistic Spectrum Disorder		
iv. Communication/Speech Disorders		
v. Dyslexia		
vi. Tic Disorders		
vii. Hepatitis A / B / C		

6. Is your child allergic to anything? Yes / No* _____

If Yes, please specify: _____

7. Do you know what his/her allergy is caused by? Yes / No* _____

If Yes, how does it manifest itself?

	Yes	No
i. Asthma		
ii. Hay fever		
iii. Hives		

Others (Specify): _____

8. Special diet required? Yes / No* _____

If Yes, please specify: _____

9. Has your child attended/or still attending any Hospital/OPD/Private Doctor/Specialist? Yes / No* _____

Name of Hospital/Clinic: _____

Name of Doctor: _____

Date of Next Appointment: _____

Hospital Clinic Reg. No.: _____

Reason for Attendance:

10. Is your child taking any medicine regularly?

Yes / No* _____

If Yes, please write down the name and if possible, the dosage of the medicine. **Please note that our Centre staff are not permitted to administer any medication to a student at all times.**

Medication: _____

Please note that SCC teachers should be informed of any special precautionary measures that have to be taken in SCC for the safety and health of your child.