



REGISTRATION FORM

(Application for Admission for Year _____)

Division for Early Childhood Education

STUDENT'S PARTICULARS

Name

Male ☐ Female ☐

Chinese Name (where applicable)

Date of Birth

Country of Birth

BC/FIN/Passport No.

Language(s) Spoken at Home

Nationality

Address (Residence)

Race

Religion

Postal Code

Telephone No. (Residence)

FAMILY DETAILS

OTHER CHILD(REN)'S PARTICULARS

NO.

NAME

SEX

DATE OF BIRTH

1.

2.

3.

FATHER'S PARTICULARS

Name

Nationality

Address (Residence)

NRIC/FIN/Passport No.

Postal Code

Telephone No. (Residence)

E-mail Address

Mobile No.

FATHER'S EMPLOYMENT DETAILS

Company Name

Position/Title

Company Address

Telephone No. (Office)

Postal Code

Fax No. (Office)

E-mail Address (Office)

MOTHER'S PARTICULARS

Name

Nationality

Address (Residence)

NRIC/FIN/Passport No.

Postal Code

Telephone No. (Residence)

E-mail Address

Mobile No.

MOTHER'S EMPLOYMENT DETAILS

Company Name

Position/Title

Company Address

Telephone No. (Office)

Postal Code

Fax No. (Office)

E-mail Address (Office)

CORRESPONDENCE AND BILLING

Please indicate the preferred address:

School Correspondence

- ☐ Father's E-mail ☐ Father's Office E-mail ☐ Mother's E-mail ☐ Mother's Office E-mail
☐ Other : _____

Billing Address

- ☐ Father's Home ☐ Father's Office ☐ Mother's Home ☐ Mother's Office
☐ Other : _____

PROGRAMME ENROLLED FOR

- ☐ Parent-Toddler Playgroup
☐ Bright Starts I * ☐ Bright Starts II * ☐ Bright Starts III
☐ Head Starts I ☐ Head Starts II
☐ Holiday Programme: _____
☐ Creative Afternoon Programmes: _____

Preferred Date of Commencement: _____

Preferred Session: _____

* Preferred Days: _____

OTHER INFORMATION

(1) Does your child have a medical condition / special diet / food allergies that the school should be aware of?

- ☐ No.
- ☐ Yes. Please provide details below.

Does your child have an emergency action plan from his/her doctor for his/her condition/allergies?

- ☐ No
- ☐ Yes. (Please attach action plan)

If you do not have an action plan, please indicate how you would want us to proceed in the event of:

- a **mild** allergic/medical reaction
- a **severe** allergic/medical reaction

(2) Is your child on regular medication? If yes, please provide details:

(3) Please provide name and contact of family physician of child (if any) :

(4) Do you have any other concerns about your child's developmental needs?

(5) How did you first learn about Wee Care? *(Please tick the most appropriate option)*

- ☐ Social Media Platforms *(Please indicate):* _____
- ☐ From a past parent of Wee Care
- ☐ From a present parent in Wee Care
- ☐ Website
- ☐ Other Source *(Please indicate):* _____

APPLICATION CHECKLIST:

1. A non-refundable Registration Fee and an Annual Insurance Fee
2. Refundable Deposit
3. Completed Emergency Contact & Parent Authorization Form
4. Completed Emergency Treatment Form
5. Required documents
 - (1) Singaporeans/PRs – NRIC of parents & child's birth certificate (copies – front & back)
 - (2) Child of PR – Copy of re-entry permit (Stamp on passport) required
 - (3) Expatriates – Employment / Dependent Passes of Parents & Child (copies – front & back)
 - (4) Authorised Pick-Up Person – NRIC / Valid Pass / Passport (copies – front & back)
 - (5) Immunisation Record (copy)

EMERGENCY CONTACTS & PARENTAL AUTHORIZATION

I, _____ [name of parent/guardian] of (NRIC/Passport No. _____),
parent / guardian of _____ [name of Child] (my "child"), hereby authorize the
following persons to pick my child up from school.

In the event of **emergencies**, the following persons should be contacted immediately, in order of priority:

Name	Relationship to Child	NRIC / FIN / Passport No.	Contact No. (HP)	Authorized to pick up (✓)
1.				
2.				
3.				
4.				
5.				
6.				

I understand that:

- This authorization shall remain in force until edited or rescinded in writing by the signers of this authorization.
- If parents/guardians are unable to pick up the child, Wee Care must be informed (call, leave a note at drop off) of the name of the person picking up the child, who is **not** in the authorization list. A copy of the person's IC, or photograph may be required for verification purposes.
- I also understand that the school reserves the right not to release my child to any other person without verbal / written consent.
- In the event of a medical or non-medical emergency, and staff members are unable to contact the parents/guardians and emergency contacts on the list, authorization is given to Wee Care to make decisions that protects the interests and well-being of my child/children.

Authorized by:

Parent / Guardian Signature

Date

TERMS AND CONDITIONS

1. A Registration Fee and an Annual Insurance Fee are payable upon registration. These fees are **non-refundable** and **non-transferable**.
2. A Deposit is also payable upon registration to guarantee your child's place at Wee Care. The deposit amount is based on the Programme chosen. For the Deposit to be refunded by the commencement of the new term, a Withdrawal Form must be submitted by the **end of Week 6 of the current term**.
3. Fees for each term are due on the last business day of the previous academic term. These fees are **non-refundable** and **non-transferable**. A **late fee of 1%** will be imposed towards the outstanding amount and an **additional 1%** will be imposed for each subsequent month that has passed since the due date. The interest imposed will not be pro-rated. We may not be able to guarantee a place if payment is not settled in full by the first lesson of the term.
4. Fees for books and materials (e.g. sunblock) are charged separately.
5. The centre is closed during Public Holidays. **No replacement** will be given for classes falling on Public Holidays. **No make-ups or replacement** will be given for any classes missed by the child.
6. Every effort will be made by Wee Care and its staff to achieve parent/child health, developmental progress, happiness and safety. However, Wee Care and its staff cannot be held responsible or liable for any lack of progress and/or harm or injury of whatsoever nature experienced by its clients, within or without its premises, before, during or after any sessions.
7. Wee Care uses a web-based **parent communication system** to communicate with parents of enrolled children. This system contains important information (allergies, emergency contact number, birthday etc.) that is helpful to the members of staff and allows them to send updates, photos and communicate. All enrolled children are automatically enrolled in this system unless permission is revoked in writing.
8. By signing this form, I authorize Wee Care to take and use photographs and/or digital images and/or recordings of my child for use in educational planning, news releases and/or educational materials. These may include: printed publications or materials, electronic publications, the company's website or social media pages. All negatives, prints, digital reproductions, and recordings shall be the property of Wee Care. This permission shall continue unless I revoke the permission in writing.

The complete Terms and Conditions are available in the Admissions section on our corporate website: www.weecare.com.sg

PAYMENT PROCEDURE

1. Payment of fees may be made in cheque, NETS or Union Pay. No credit card facility is available.
2. All cheque payments should be crossed and made payable to:

Wee Care Kindergarten Pte. Ltd.

DECLARATION

I agree with the Terms and Conditions governing the enrollment of my child as named in this Registration Form at Wee Care's Centre for Early Childhood Education.

All information in this Registration Form is true, complete and accurate at the time of registration. Any future changes or updates will be communicated to the administrator or person-in-charge.

Father's/Mother's/Guardian's Signature

***Please note that unsigned forms will not be accepted**

Date