

REGISTRATION OF INTEREST

REGISTRATION DETAILS

Child's Name (as in Birth Certificate/ Passport)	
Birth Cert/ Passport / UIN / Fin No	
Date of Birth (DD/MM/YYYY)	
Nationality	Singaporean / Permanent Resident / Foreigner
Gender	Male / Female
Race	Chinese / Malay / Indian / Others: _____

PARENT DETAILS

Parent's Name	
Handphone Number	
Address	
Email	
Household Income	S\$
Intended Start Month	____ / ____ / _____

PROGRAMME TYPE (FULL DAY / HALF DAY)

Class	Age	Please tick (✓)
Playgroup	Above 18 months to 30 months old	<input type="checkbox"/> Full day / Half Day
Nursery 1	Above 30 months to 3 years old	<input type="checkbox"/> Full day / Half Day
Nursery 2	Above 3 years to 4 years old	<input type="checkbox"/> Full day / Half Day
Kindergarten 1	Above 4 years to 5 years old	<input type="checkbox"/> Full day / Half Day
Kindergarten 2	Above 5 years to below 7 years old	<input type="checkbox"/> Full day / Half Day

SHORT SURVEY

What is your current child care arrangement?	Please tick (✓)
In kindergarten	
In other child care centre	
Looked after by babysitter	
Looked after by domestic helper	
Looked after by grandparents	
Others (please specify)	

IS YOUR CHILD PRESENTING ANY OF THESE ISSUES?

Social Emotional	Yes / No
Speech & Language	Yes / No
Behavioural / Self-Control	Yes / No
Learning (Academic)	Yes / No
Multiple Issues	Yes / No
Motor Skills	Yes / No