



纽顿幼稚园
Newton Kindergarten

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Registration Form

PART 1 – CHILD'S PARTICULARS

Level applied for PG / PN / N / K1 / K2 Year _____ Session applied for 1st / 2nd / Chinese Immersion

Name of Child _____ Chinese Characters _____
 BC / FIN No. _____ Date of Birth _____ (dd) _____ (mm) _____ (yyyy)
 Race _____ Citizenship _____
 Gender _____ Male / Female (*please circle*) Telephone No. (Home) _____
 Address _____ Order of Birth _____ 1st / 2nd / 3rd / 4th / 5th child (*please circle*)
 _____ Postal Code _____
 Family Physician Name and Contact No: _____
 Allergies / Medical condition (if any) – Please attach a copy of medical report, if any

 Current School Attending / Last School Attended (State period attending / attended)

PART 2 – PARENTS' PARTICULARS

Name of Mother/ Guardian _____	Name of Father/ Guardian _____
NRIC / FIN No. _____	NRIC / FIN No. _____
Date of Birth _____ (dd) _____ (mm) _____ (yyyy)	Date of Birth _____ (dd) _____ (mm) _____ (yyyy)
Citizenship _____ Race _____	Citizenship _____ Race _____
Occupation _____	Occupation _____
Company _____	Company _____
Tel. No. (O) _____	Tel. No. (O) _____
Handphone No. _____	Handphone No. _____
Email Address _____	Email Address _____
Religion _____	Religion _____
Church (if any) _____	Church (if any) _____

PART 3 – IN CASE OF EMERGENCY, I AUTHORIZE YOU TO SEND MY CHILD TO THE NEAREST HOSPITAL / A&E / CLINIC. PLEASE ALSO CONTACT: -

Name _____	Relationship _____
Tel. No. _____	Handphone No. _____

Please attach digital copies of your child's Birth Certificate / Passport / FIN Card & both parents' Identify Cards / Passports / FIN Cards for sighting and a copy of your child's Immunization records (after 2nd dose of MMR) for our records.

I agree that the deposit shall be used to offset the child's Kindergarten 2 term four fees. Should the child withdraw before K2 term 4, this deposit will be non-refundable and non-transferable. I agree that should a parent withdraw the child after confirmation but before the academic term has commenced, 50% of the school fees will be forfeited. Term fees paid are non-refundable once the academic term has started.

Name of Parent/Guardian _____ Signature & Date _____

PART 4 – FOR OFFICE USE

Date Received _____	Amt _____	Cash / Chq / T/F / CDA _____	Receipt No. _____
Date Received _____	Amt _____	Cash / Chq / T/F / CDA _____	Receipt No. _____
Start Date: _____	Class: _____	No. of Uniforms: _____	Name Tag: _____