



纽顿幼稚园

Newton Kindergarten

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Email: newtonkindergarten@gmail.com Website : www.newtonkindergarten.com

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 _____ Hp 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 consent for the personal data provided to the collection, use and disclosure (To ECDA and MSF) by Newton Kindergarten. 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: _____

Part 5b: Scope of Consent and Acknowledgement (Compulsory)

For Main Applicant/ Family Member(s) who is/are unable to provide consent, please complete Part 5c: Unable to Provide Consent or Consent On Behalf.

Main Applicant

Scope of Consent:			
Indicate which Participating Schemes can have access to your Personal Information, to assess and provide any scheme or assistance that may benefit you.			
Please select the scheme(s) you wish to consent to (choose ONE option only):			
<input type="checkbox"/> Option 1: ALL Participating Schemes , offered by the Ministry of Social and Family Development (MSF), Early Childhood Development Agency (ECDA), IMDA, MOE, MOF, MOH and MOM ⁹ . Visit https://go.gov.sg/homes-schemes for the full list of Participating Schemes.			
<input type="checkbox"/> Option 2: ALL Schemes administered by MSF and ECDA.			
Acknowledgement:			
I confirm that I understand and agree to <u>all</u> the terms in this form. This includes the sharing of my Personal Information with any agency for evaluation, outreach, and other programme-related matters stated in clause 8.3, if it benefits the community in Singapore. I understand I can withdraw my consent under clause 10.			
Name:		Details of Signatory (to be filled only if consent is provided on behalf of the Applicant) [^] :	
Signature/Thumbprint:		Signatory's Name:	
		Identification Number:	
		Email:	
Date:	DD / MM / YYYY	Mobile No.:	
[^] Tick one of the following, where applicable: <input type="checkbox"/> I am the parent/ legal guardian and have consented on behalf of the Applicant who is under 21 years of age. <input type="checkbox"/> I/ We am/ are the donee/ deputy and consented on behalf of the Applicant who is mentally incapacitated ¹⁰ .			

Main Applicant's Spouse

Scope of Consent:			
Indicate which Participating Schemes can have access to your personal information, to assess and provide any scheme or assistance that may benefit you.			
Please select the scheme(s) you wish to consent to (choose ONE option only):			
<input type="checkbox"/> Option 1: ALL Participating Schemes , offered by the Ministry of Social and Family Development (MSF), Early Childhood Development Agency (ECDA), IMDA, MOE, MOF, MOH and MOM ¹⁹ . Visit https://go.gov.sg/homes-schemes for the full list of Participating Schemes.			
<input type="checkbox"/> Option 2: ALL Schemes administered by MSF and ECDA.			
Acknowledgement:			
I confirm that I understand and agree to <u>all</u> the terms in this form. This includes the sharing of my Personal Information with any agency for evaluation, outreach, and other programme-related matters stated in clause 8.3, if it benefits the community in Singapore. I understand I can withdraw my consent under clause 10.			
Name:		Details of Signatory (to be filled only if consent is provided on behalf of the Spouse) [^] :	
Signature/Thumbprint:		Signatory's Name:	
		Identification Number:	
		Email:	
Date:	DD / MM / YYYY	Mobile No.:	
[^] Tick one of the following, where applicable: <input type="checkbox"/> I am the parent/ legal guardian and have consented on behalf of the Spouse who is under 21 years of age. <input type="checkbox"/> I/ We am/ are the donee/ deputy and consented on behalf of the Spouse who is mentally incapacitated ¹⁰ .			

⁹ InfoComm Media Development Authority (IMDA), Ministry of Education (MOE), Ministry of Finance (MOF), Ministry of Health (MOH), Ministry of Manpower (MOM).

¹⁰ Please check whether the donee/ deputy may act singly or has to act jointly with other donee(s)/ deputy(s). If the donees/ deputies are required to act jointly, all donees/ deputies must provide consent on behalf. Please provide a copy of the Lasting Power of Attorney/ Order of Court.