

**Child's
Photograph**



Registration Form

Name of Centre:

Child's name in English
(Please underline surname)

Hanyu Pinyin (if applicable)

Chinese (if applicable)

Address

Male / Female

Telephone No:

_____ (HP)

_____ (H) _____ (O)

Admission Date

Class

Date of Birth

Place of Birth

Birth Certificate No.

Nationality

Race

Religion

Medical Information

Any medical condition/s, allergies: Yes/No
(Please specify if yes)

Diet and other restrictions
(on Medical and Religious grounds)

Regular Medication: Yes / No
(Please specify if yes)

Name and Address of family doctor

Tel No: _____

DISCLAIMER:

YMCA of Singapore reserves the right to withdraw or terminate the enrolment of a child, should vital information pertaining to a child's state of health and well-being be withheld at the point of enrolment.

The Child Care Centre shall not be held liable for any unforeseen incident that an undeclared existing medical/cognitive condition may cause. All Centre Staff are not permitted to administer any medication, oral or intravenous, to a child at all times, unless specifically authorised in writing by the parents / guardian.

