



DKP Bedok
13 Bedok Ria Place
Singapore 489773
6448 7687

Enrollment for:

() Full Day () Half Day (AM) () Half Day (PM) () Flexi Care

Child's Particulars

Name: _____ Nick Name (if any): _____

Chinese Characters: _____ Hanyu Pinyin: _____

Address: _____

Passport-sized
photograph
to be
attached

Telephone No.(H): _____ Date of Birth: _____

Birth Certificate No.: _____ ID Type: () BC () FIN () UIN

Birth Order: () 1st () 2nd () 3rd () 4th Gender: () Male () Female

Number of siblings in the family: _____

Race: () Chinese () Malay () Indian

() Others (Please specify): _____

Nationality: () Singaporean () Singapore P.R.

() Others (Please specify): _____

Languages spoken at home:

Preferred date of commencement: 1st _____(month), _____(year)

15th _____(month), _____(year)

Tell us more about your child

Likes _____

Dislikes _____

Hobbies _____

Parent/Guardian Information

Mother's Particulars

Name: _____ Nationality: _____

NRIC/Passport No.: _____ Race: _____

D.O.B: _____ Highest Educational Level: _____

Working: () Yes () No Occupation: _____ Full Time () Part Time ()

No. of hours of work/month: _____ Date of commencement: _____

Employer's Name and Address: _____

Telephone No.: (O) _____ (Hp/Pg): _____

Gross Monthly Income: _____ Religion: _____

Email address: _____

Father's Particulars

Name: _____ Nationality: _____

NRIC/Passport No.: _____ Race: _____

D.O.B: _____ Highest Educational Level: _____

Working: () Yes () No Occupation: _____ Full Time () Part Time ()

No. of hours of work/month: _____ Date of commencement: _____

Employer's Name and Address: _____

Telephone No.: (O) _____ (Hp/Pg): _____

Gross Monthly Income: _____ Religion: _____

Email address: _____

Emergency Contact Number (in the event that you or your spouse cannot be reached)

Name: _____ NRIC No. _____

Contact No.: _____ Relationship: _____

Name: _____ NRIC No. _____

Contact No.: _____ Relationship: _____

Authorised Person Fetching the Child Home Other Than Parents

1.Name: _____ NRIC No. _____

Contact No.: _____ Relationship: _____

2.Name: _____ NRIC No. _____

Contact No.: _____ Relationship: _____

Medical Records

Name & Contact No. of Child's/Family Doctor

Name: _____ Telephone No.: _____

Address:

Special instruction(s) concerning your child (Please state allergies if any):

Others

1. How did you get to know about us?

Signboard () Newspaper () Friends/Relatives ()

Magazines () Please specify name _____

Promotional flyers/brochures/postcards ()

Others () Please specify _____

Statement of Consent and Declaration

I, _____ of NRIC / FIN No. _____,

being the father/mother/guardian of _____ hereby:

- (a) authorise the staff of Discovery Kidz Preschool Pte Ltd to take my child /ward to the nearest clinic for emergency treatment as deemed necessary for the safety of my child when I cannot be contacted;
- (b) declare that the enrollment forms have been completed by me and that to the best of my knowledge, the particulars furnished therein are true and accurate;
- (c) undertake to inform the school in writing of any changes in
 - address
 - contact number
 - resignation from the workforce
 - change of employer
 - change of authorised person fetching the child other than parents; and
- (d) acknowledge receipt and agree to abide by the rules and regulations in the Registration Information handout as well as the Parents' Handbook which may be amended from time to time without prior notice. I understand that should any terms stated in the Registration Information handout differ from those in the Parents' Handbook, the former shall prevail. I understand and accept that these rules and regulations apply upon the enrolment of my child.

Signature of Parent/Guardian

Date

For Official Use

Registration fees: _____

Deposit: _____

First Month Fees: _____

Receipt No.: _____ Date: _____

Any Other Remarks: _____



Embark on the journey of discovery and learning
Embark on the  Discovery Kidz Preschool