

Registration Form

No. 4 Lorong Low Koon Singapore 538450 Tel: 62251377

Particulars of Child

 Name of Child : _____ Sex: Male Female
(please underline the surname)

School : _____

 Level : Primary _____ in Year _____ Before school Care After school care

 Date of Birth :

--	--	--	--	--	--

 D D M M Y Y

 Birth Cert No :

--	--	--	--	--	--	--	--	--	--

 Nationality : Singaporean Others (please specify) _____ Race : _____

Language(s) spoken at home: _____ Religion: _____

Address : _____

_____ Singapore _____ Home Tel : _____

Does child require student care services on Saturdays? (Not applicable for SG and SJJ as they are school-based)

 Yes No

Particulars of Parents / Legal Guardian

Name of Father:	Office Tel:
NRIC:	
Occupation:	HP:
Company:	E-mail:

Name of Mother:	Office Tel:
NRIC:	
Occupation:	HP:
Company:	E-mail:

Persons to Pick-Up Child (besides parents)

Name:	Relationship:	NRIC:	HP:
-------	---------------	-------	-----

Name:	Relationship:	NRIC:	HP:
-------	---------------	-------	-----

 Total Household Income: <1000 1001-2000 2001-2500 2501-3000 3001-3500

 \$3501-\$5000 \$5001-\$7500 Above \$7501

 No. of Sibling(s):

Sibling(s) currently enrolled in MSCS: _____

 Age(s):

--	--	--	--

 No. of persons living in the same household

Relevant Information

1. Please indicate if child has:

	Yes/No	Remarks
Any health issues or allergies (food or otherwise)		
Physical handicap or challenges		
Taking any medication on a regular basis		
Been diagnosed with any special needs or condition(s)		

2. Please share with us child's abilities on the following:

	Yes/No	Remarks
Able to shower independently		
Able to eat balanced meals and independently		
Gets along with friends		
Asks for help		
Able to do homework independently		
Able to stay focused		
Able to read (P1 / 2 only)		
Able to follow instructions well		

3. How is child's current performance in school/preschool? (Please tick accordingly)

Subject	Excellent	Good	Average	Poor
English				
Mother Tongue				
Mathematics				
Science				

Relevant Information

4. Who has been taking care of child while you are at work?

- | | | |
|--|--|--|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Domestic Helper | <input type="checkbox"/> Child is home alone |
| <input type="checkbox"/> Siblings | <input type="checkbox"/> Grandparent/Relatives | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Other BASC Centre | <input type="checkbox"/> Nanny | <input type="checkbox"/> Others |

5. How will child be travelling to and from our centre?

Coming to Morning Star

Going Home

- | | |
|--|--|
| <input type="checkbox"/> Parent(s) will send | <input type="checkbox"/> Parent(s) will fetch |
| <input type="checkbox"/> Authorised person(s) will send | <input type="checkbox"/> Authorised person(s) will fetch |
| <input type="checkbox"/> School bus | <input type="checkbox"/> School bus |
| <input type="checkbox"/> Child coming by himself/herself | <input type="checkbox"/> Child going home by himself/herself |
| <input type="checkbox"/> Others : _____ | <input type="checkbox"/> Others : _____ |

6. What are your reason(s) for enrolling your child for the student care service?

7. Please share any concerns that you may have regarding the welfare for your child.

Commencement : HG SK SG PV SJJ BN
D D M M Y Y

I _____ enclose a copy of my child's birth certificate and a passport size photograph.
By signing on this registration, I agree to abide by the terms and conditions of service for which I have been presented a copy. I understand that Morning Star Community Services Ltd reserves the right to modify terms and conditions of service without prior notice.

Parent's Signature

Administrator

Date : _____