



星洲幼儿园

The Chinese Kindergarten

256 Outram Road Singapore 169053

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Email: ckenquiry@gmail.com

1 Passport
Sized Photo

Level: PG / PN / N / K1 / K2 Year: _____

Child's Name: _____ Chinese Character: _____ Sex: _____

Date of Birth: _____ Race: _____ Language Spoken: _____

Place of Birth: _____ Citizenship: _____ BC / PP / FIN No.: _____

Address: _____ Postal Code: _____

Home Tel.: _____ Emergency Contact of Child: _____

Position of child in family: 1 2 3 4 5 (Please underline)

Food or Other Allergies (if any): _____

History of illness / disabilities (if any) _____

Long-term Medication (if any) _____

Father's Name: _____ Race: _____ Religion: _____

Contact No.: _____ Citizenship: _____ IC / PP No.: _____

Occupation: _____ Company: _____ Dialect: _____

Date of Birth: _____ E-mail Address: _____

Mother's Name: _____ Race: _____ Religion: _____

Contact No.: _____ Citizenship: _____ IC / PP No.: _____

Occupation: _____ Company: _____ Dialect: _____

Date of Birth: _____ E-mail Address: _____

Please provide the particulars of the Family Physician:

NAME OF FAMILY PHYSICIAN: _____ CONTACT NO: _____

ADDRESS : _____

I, _____, parent / guardian of the above named child, hereby authorize the Preschool to send my child to a nearby doctor for treatment in case of an emergency and I agree to pay for all expenses incurred.

In the event of an emergency, I can be contacted at:

Contact No. (HP): _____ Name: _____ Relationship: _____

Programme preferred (please tick where appropriate):

Half-Day Care (7am – 1pm)

Full-Day Care (7am – 7pm)

