



St. James' Church Kindergarten (Leedon)

1 Leedon Road, S. 267828 · Tel: 62197246 · Fax: 64684770 · Email: leedon@sjck.org.sg · Website: www.sjck.org.sg

REGISTRATION FORM

Session: First (8.15 am – 11.15 am) Second (11.30 am – 2.30 pm)

Level/Year: Pre-Nursery _____ Nursery _____ K1 _____ K2 _____

1. CHILD'S PARTICULARS

Name (as in birth cert.)			
Chinese characters		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birth cert. no. / FIN no.		Citizenship	
Date of birth (dd/mm/yy)		Race	
First language spoken at home <input type="checkbox"/> English <input type="checkbox"/> Malay <input type="checkbox"/> Mandarin <input type="checkbox"/> Tamil <input type="checkbox"/> Others:			
Religion <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Hinduism <input type="checkbox"/> Islam <input type="checkbox"/> Others:			
Address		Tel. no. (home)	
School last attended			

2. PARENTS' / GUARDIAN'S PARTICULARS

	Father / Guardian	Mother / Guardian
Name		
Citizenship		
Occupation		
Name of Company		
Tel. no. (office)		
Mobile no. <i>(Please tick on a preferred contact for emergency SMS from SJCK)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Email address		
Religion	Buddhism / Christianity / Hinduism / Islam / Others:	Buddhism / Christianity / Hinduism / Islam / Others:
Church (if attending)		
Highest academic qualification		

3. IN CASE OF EMERGENCY, PLEASE CONTACT

Name of person	Contact no.	Relationship to child

4. CHILD'S MEDICAL HISTORY *(Please attach details where necessary)*

1. Does your child have any allergies? If yes, please describe.	
2. Does your child have any special needs? If yes, please elaborate or attach medical report.	
3. Is there any food or drink that your child is not allowed to consume? If yes, please describe.	
4. Is there anything else about your child that the school should be aware of? If yes, please describe.	

5. PRIORITY REGISTRATION (IF APPLICABLE)	
1. Sibling is currently in SJCK (Harding/Leedon/Gilstead) <i>Write name, current class & year.</i>	
2. Either parent is a member of St James' Church <i>Write name/s & attach church membership document/s & pastor's letter.</i>	
3. Either parent or older sibling was an ex-student of SJCK. <i>Write name/s & indicate year of graduation & attach graduation certificate.</i>	
6. MISCELLANEOUS	
How did you come to know about St James' Church Kindergarten? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friends <input type="checkbox"/> MOE website <input type="checkbox"/> Relatives <input type="checkbox"/> Others	
Is your child registered at other SJCK campuses? <input type="checkbox"/> Yes (Gilstead / Harding) <input type="checkbox"/> No	
7. REQUIREMENTS	
1) Copy of child's birth certificate 2) Copy of child's passport/visit pass/dependant's pass/student pass (for non-Singapore citizen) 3) Copy of parents' identity cards 4) Non-refundable \$60.00 registration fee (Cheque to be made payable to St. James' Church Kindergarten) 5) \$400 deposit (upon confirmation) 6) CDA/GIRO application form	

AGREEMENT

By submitting all personal data listed on the form, you consent to St. James' Church Kindergarten collecting, using, disclosing and/or processing your personal data for the purpose of your child's registration with the kindergarten and when your child has been successfully enrolled in the kindergarten. Such personal data includes information about you and your family as set out in the registration form and documents and any other personal information you have provided.

I have read the School Handbook and the Administrative and Financial Policies Handbook and agree to abide by the rules, regulations, programme and requirements of St James' Church Kindergarten.

Name of father / mother / guardian

Signature & date

FOR OFFICE USE ONLY

Processed By:	Checked By:
Date:	Date:
Remarks:	