



St. James' Church Kindergarten (Harding)

29 Harding Road, S. 249537 · Tel: 64766026 · Fax: 64766029 · Email: info@sjck.org.sg · Website: www.sjck.org.sg

| REGISTRATION FORM | | | | | |
|---|--|---|---|-----------------------|--|
| Session: <input type="checkbox"/> First (8.15 am – 11.15 am) <input type="checkbox"/> Second (11.30 am – 2.30 pm) | | Level/Year: <input type="checkbox"/> Pre-Nursery _____ <input type="checkbox"/> K1 _____ <input type="checkbox"/> Nursery _____ <input type="checkbox"/> 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 | | | |
| Address | | Tel. no. (home) | | | |
| 2. PARENTS' / GUARDIAN'S PARTICULARS | | | | | |
| | Father / Guardian | | Mother / Guardian | | |
| Name | | | | | |
| Citizenship | | | | | |
| Marital Status | Married / Separated / Divorced / Single Parent | | Married / Separated / Divorced / Single Parent | | |
| 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) | | | | | |
| 3. EMERGENCY CONTACT (Other than parents) | | | | | |
| Name of person | | Contact no. | | Relationship to child | |
| 4. CHILD'S MEDICAL HISTORY (Please attach details where necessary) | | | | | |
| Does your child have any medical conditions/special needs? If yes, please elaborate or attach medical report. | | | | | |
| 5. PRIORITY REGISTRATION (If applicable) | | | | | |
| 1. Sibling is currently in SJCK (Harding/Leedon/Gilstead) <i>Write name, current class, campus & 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?

Advertisement Friends MOE Website Relatives Others

Is your child registered at other SJCK campuses?

Yes (Gilstead / Leedon) No

Does your child require school bus transport?

Yes 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) \$500 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 declare that the information provided is accurate. 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: | Authorised By: |
| Date: | Date: |
| Remarks: | |