



# St. James' Church Kindergarten (Gilstead)

25 Gilstead Road, S. 309070 · Tel: 62546725 · Fax: 62547905 · Email: [gilstead@sick.org.sg](mailto:gilstead@sick.org.sg) · Website: [www.sick.org.sg](http://www.sick.org.sg)

## BIRTHDAY DECLARATION FORM

### YOUR CHILD'S SAFETY IS IMPORTANT TO US!

This form is for food contact tracing if necessary and **does not serve as a confirmation of birthday celebration date**. Reserve your child's birthday celebration date by calling the Admin Office at 6254 6725 or email [gilstead@sick.org.sg](mailto:gilstead@sick.org.sg).

For birthday guidelines, you may refer to [LittleLives Bulletin](#) before submitting this declaration form to the school **at least one week in advance** of the celebration.

Thank you for your kind cooperation.

### 1. CHILD'S PARTICULARS

Name as in Birth Certificate: \_\_\_\_\_

Class: \_\_\_\_\_

### 2. PARENT / GUARDIAN'S PARTICULARS

Name: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Contact Number: \_\_\_\_\_

### 3. DETAILS OF CELEBRATION FOR FOOD CONTACT TRACING

Booked Date of Celebration: \_\_\_\_\_

Type and Weight of Cake: \_\_\_\_\_

Name of Cake Shop: \_\_\_\_\_

Other Food Item/s (if any): \_\_\_\_\_

### 4. DECLARATIONS

- I have read and understand the birthday guidelines.
- I understand that this form serves only as a declaration form and **reservation of date has to be made first** before ordering the cake / goodie bags.
- I confirm that all food items DO NOT contain nuts for any allergy-related matters.

\_\_\_\_\_  
Parent / Guardian's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date