



HEBRON CHRISTIAN PRESCHOOL
 (formerly, Choa Chu Kang Bible Centre Kindergarten)
 10 Choa Chu Kang Street 52 Singapore 689284
 Tel: 6763 7502 Email: info@cckbck.sg

Class: PG /N1 /N2 /K1 /K2		
<input type="checkbox"/>	Session 1: 8.30am – 11.30am	<input type="checkbox"/>
<input type="checkbox"/>	Session 2: 11.45am – 2.45pm	

STUDENT'S REGISTRATION FORM

Name: _____ Chinese Characters: _____

Date of Birth: _____ Birth Cert. No: _____

Place of Birth: _____ Nationality: _____ /SPR Please ✓

Race: _____ Spoken Language: _____ Sex: **M / F**

Address: _____

Singapore () TEL No: _____ (HP) _____ (Home)

Person to contact in case of emergency _____

Tel No. _____ Relationship: _____

Authorized personnel for fetching of children: _____

IC/Fin No: _____ Contact No: _____

PARENTS' PARTICULARS

	Father	Mother
Name		
Place & Date of Birth		
NRIC/PPT No.		
Nationality		
Religion		
Occupation		
Name of Company		
Tel. No. (Office)		
HP No.		
Email address		

Medical History

Medical Condition		Special Instructions	Special Emergency Action
Epilepsy	Yes / No		
Heart Condition	Yes / No		
Ear Disorder	Yes / No		
Asthma	Yes / No		
Other Respiratory Disorder	Yes / No		
Allergies: * food	Yes / No		
* medicine	Yes / No		
Other Medical Problems/Relevant Medical Information:			
Special Needs /Long Term Medication (if any):			

Family Background

No. of Siblings: _____ brothers _____ sisters

Birth Order / Position in Family: 1st / 2nd / 3rd / 4th / 5th

Child is in the care of: *mother / grandparents / maid / foster care / nanny / babysitter

Children with special needs

Children with special needs/behavioral/learning difficulties will be required to make special arrangements for admission with supporting assessment reports from the specialist or psychologist.

Name of family physician (if any): _____ Contact No: _____

Registration fee and term fees

Registration fee and term fees are non-refundable.

Deposit

The deposit will be automatically used to contra the Term 4 fees upon the completion of Kindergarten 2. Should you wish to withdraw your child from the kindergarten, please note that a one month's written notice is required to effect withdrawal for refund. The period of withdrawal shall not be considered in so far as the period coincides with the school term holidays.

Photograph/Videotaping

Permission for the photographs of our child to be used for informational and developmental purposes, such as newsletter/website/flyers/banners.

Grant Do not grant

I, authorise the Principal and Teachers to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student.

Parent's / Guardian's Name _____

Signature: _____ Date: _____

For office use only

Commencement date: _____ Approved by: _____ (Admin)