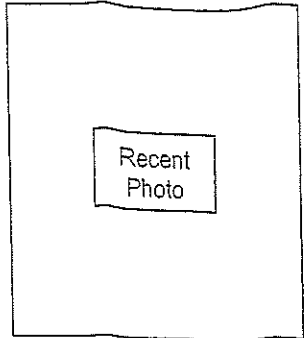


Bethel Kinderlites
Blk 114, #03-75, Aljunied Ave 2, Singapore 380114



CONFIDENTIAL

APPLICATION FOR ADMISSION

Date of Admission :		Transport : One way <input type="checkbox"/> Two way <input type="checkbox"/>		Type of Care Programme : Pre N <input type="checkbox"/> / N <input type="checkbox"/> / K1 <input type="checkbox"/> / K2 <input type="checkbox"/>		
CHILD'S PARTICULARS	Name as in Birth Certificate/Passport			AM Session 8.30am-11.30pm <input type="checkbox"/>		
				PM Session 12.00pm-3.00pm <input type="checkbox"/>		
	ID Type <input type="checkbox"/> Spore BC <input type="checkbox"/> Foreign <input type="checkbox"/> Others _____		Race	Date of Birth (dd/mm/yy)	Religion	
	Nationality <input type="checkbox"/> Spore Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Others _____		Birth Order	No. of Siblings in Family	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	
Address / Tel						
MOTHER'S/GUARDIAN'S PARTICULARS	Name as in NRIC/Passport			NRIC/Passport No.		
	Nationality <input type="checkbox"/> Spore Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Others _____			Date of Birth (dd/mm/yy)	Race	
	Address			Home Contact No. _____		
				Handphone No. _____		
	Marital Status	Relationship with Child	Highest Educational Qualification (Optional)		Email ID	
	Employment Status <input type="checkbox"/> Working <input type="checkbox"/> Not Working		Gross Monthly Income	Designation/Occupation		
	Employment Details Employer's Name/Address			Office Contact No. _____		
			Fax No. _____			
FATHER'S/GUARDIAN'S PARTICULARS	Name as in NRIC/Passport			NRIC/Passport No.		
	Nationality <input type="checkbox"/> Spore Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Others _____			Date of Birth (dd/mm/yy)	Race	
	Address			Home Contact No. _____		
				Handphone No. _____		
	Relationship with Child	Highest Educational Qualification (Optional)		Email ID		Designation/Occupation
	Employment Status <input type="checkbox"/> Working <input type="checkbox"/> Not Working		Gross Monthly Income			
	Employment Details Employer's Name/Address			Office Contact No. _____		
			Fax No. _____			

MEDICAL INFORMATION	Please enclose photocopies of your child vaccination/immunisation certificate, indicating the dates i.e. poliomyelitis, trip antigen, measles and types of vaccinations.		
	Has your child had any convulsion (fits) with high fever?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Any record of serious accidents, illness or hospitalisation? If yes, please specify		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is your child currently on any drug or medication? If yes, please specify		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Past History of Infectious Disease		
	Chicken Pox	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
	Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
Others (please specify)		Persistent cough <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____	
Allergy			
Drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Food	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Others	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Physical Disabilities			
Speech	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Sight	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Movement	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	
Others (please specify)		_____	
FAMILY DOCTOR	Doctor's Name		Name of Clinic
	Address		Contact No.
SOCIAL INFORMATION	Parents living <input type="checkbox"/> together <input type="checkbox"/> separated <input type="checkbox"/> divorced		
	Favourite toys, activities		
	Opportunities to mix with other children <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Others _____		
	Present care arrangement of child		Child spoken languages
	Toilet Trained	<input type="checkbox"/> Yes <input type="checkbox"/> No	Self Feeding <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Food Dislike</i>
EMERGENCY	<i>In case of emergency when both parents cannot be contacted, please call any persons named below</i>		
	Name	NRIC/Passport No.	Relationship to Child
	Address		Home No. _____ Office No. _____ Handphone _____
	Name	NRIC/Passport No.	Relationship to Child
	Address		Home No. _____ Office No. _____ Handphone _____
CONSENT	Medical Authorisation In the event that I cannot be reached at the time of illness or accident, permission is hereby granted to Bethel Child Development Centre and its staff to call a licensed physician of their selection or if hospitalisation is needed, my child will be sent to the nearest hospital and the medical fees and any other expenses such as transportation incurred on behalf of my child will be borne by me.		
	General Permission In the event of any supervised field trips, excursions, outings or while my child is at the centre, I will not hold the Centre or its staff responsible for any unfortunate accident, injuries, loss of personal items or lives.		

CONSENT (Continue)	General Permission (continue)		
	The following named individual is the only person authorised to pick up my child at the Centre. I will not hold the Centre for any damages, claims or liabilities which might result from the Centre and its staff releasing my child to any persons named below:-		
	Name	NRIC/Passport No.	Relationship to Child
	Address		Home No. _____ Office No. _____ Handphone No. _____
	Name	NRIC/Passport No.	Relationship to Child
	Address		Home No. _____ Office No. _____ Handphone No. _____
	<p>I declare that the information provided in this application by me is true and I furnish it knowing that I may be liable to prosecution if I have wilfully stated any information which I know to be false or do not believe to be true. I also understand that any part of this application improperly completed may lead to the rejection of the application.</p> <p>I hereby consent to the Ministry of Community Development and Sports releasing my particulars and those of my child/children presently in the childcare centre to the Health Promotion Board (HPB). I also consent to my child/children being screened under the health programmes of HPB. I understand that HPB will keep my particulars and those of my child/children strictly confidential.</p>		
	_____ Signature		_____ Date
FOR OFFICIAL USE ONLY			
VERIFICATION OF ELIGIBILITY			
Full Fees Paid <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pro-Rated			
Fees for Programmed Type		Net Fees Paid	
Add – Other Charges (transport, uniforms, etc)			
Subtract – Discounts (staff, siblings, etc)			
Remarks			
<p>I have verified the foregoing information to be true and understand that our centre may be liable to prosecution for any information furnished by the applicant which I know to be false or do not believe to be true. I understand that any part of this application improperly completed may lead to the rejection of the application.</p>			
_____ Name/Designation		_____ Signature/Date	



Consent Form

A Member of



BETHEL COMMUNITY SERVICES

Blk 114 Aljunied Ave 2
#03-75

Singapore 380114

Tel: 6744 7422

Fax: 6744 5859

Email: admin@bethelcs.org.sg

Website: www.bethelcs.org.sg

Date: _____

I, _____ agree for
Bethel Community Services to use my personal information for
the following purposes related to:

- a) Payment of Service
- b) Accounting Purposes
- c) Public relations, Publicity and videos
- d) Financial Assistance & Fund Raising
- e) Connection

Name of Client: _____

NRIC: _____

Signature of Client: _____

Date: _____

Name of Staff: _____

Designation: _____

Signature of Staff: _____

Date: _____

Our Services:
Bethel Child Development Centre
Bethel Tots Centre
Bethel Student Care Centre
Bethel Kinderlites
Tuition Services
Legal Services
TCM Services

GST No: M9036831 5T

Checklist

Tick

• Foods served is not halal (no pork)

• Prayers before meals

• Sing Christian songs

• Bible Stories

Briefed by :

Consent by Parents/Guardians :

Date :
