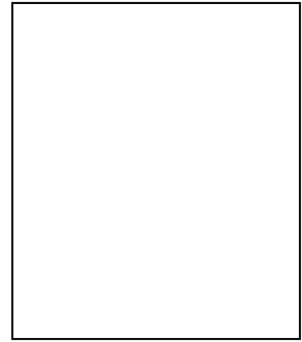

Bethel Child Development Centre

Blk 111, #01-110, Aljunied Crescent, Singapore 380111

C O N F I D E N T I A L

APPLICATION FOR ADMISSION

Date of Admission :

Type of Care Programme : Full Day / Half Day

CHILD'S PARTICULARS

Name as in Birth Certificate/Passport

ID Type
☐Spore BC ☐Foreign ☐Others _______________

Race

Date of Birth (dd/mm/yy)

Birth Certificate No.

Nationality
☐Spore Citizen ☐Permanent Resident ☐Others____________

Birth Order

No. of Siblings in Family

Sex
☐Female ☐Male

Address / Tel

Is child in a children's home? ☐ Yes ☐ No Organisation Name/Address (if child is being enrolled by an organisation)

MOTHER'S/GUARDIAN'S PARTICULARS

Name as in NRIC/Passport

NRIC/Passport No.

Nationality
☐Spore Citizen ☐Permanent Resident ☐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
☐ Working (56 hours or more per month)
☐ Not Working (less then 56 hours per month)

Total Hours of Work per month

Gross Monthly Income

Designation/Occupation

Employment Details (If Working for 56 hours or more per month)
Employer's Name/Address

Office Contact No.______________

Fax No. ______________________

Applying for Government Child Care Subsidy ☐Yes ☐ No

With Effect From : dd/mm/yy

FATHER'S PARTICULARS (optional)

Name as in NRIC/Passport

NRIC/Passport No.

Nationality
☐Spore Citizen ☐Permanent Resident ☐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
☐ Working (56 hours or more per month)
☐ Not Working (less then 56 hours per month)

Total Hours of Work per month

Gross Monthly Income

Employment Details (If Working for 56 hours or more per month)
Employer's Name/Address

Office Contact No.______________

Fax No. ______________________

Applying for Government Child Care Subsidy ☐Yes ☐ No

With Effect From : dd/mm/yy

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? ☐ Yes ☐ No

Any record of serious accidents, illness or hospitalisation? ☐ Yes ☐ No
If yes, please specify

Is your child currently on any drug or medication? ☐ Yes ☐ No
If yes, please specify

Past History of Infectious Disease

Chicken Pox	☐ Yes	☐ No	Date __________	Persistent cough	☐ Yes	☐ No	Date _________
Mumps	☐ Yes	☐ No	Date __________	Asthma	☐ Yes	☐ No	Date _________

Others (please specify)

Allergy

Drugs ☐ Yes ☐ No ______________________________

Food ☐ Yes ☐ No ______________________________

Others ☐ Yes ☐ No ______________________________

Physical Disabilities

Speech ☐ Yes ☐ No ______________________________

Sight ☐ Yes ☐ No ______________________________

Hearing ☐ Yes ☐ No ______________________________

Movement ☐ Yes ☐ No ______________________________

Others (please specify) ______________________________

FAMILY'S DOCTOR

Doctor's Name	Name of Clinic
Address	Contact No.

SOCIAL INFORMATION

Parents living ☐ together ☐ separated ☐ divorced

Favourite toys, activities

Opportunities to mix with other children ☐ Yes ☐ No ☐ Others _______________

Present care arrangement of child	Child spoken languages	
Toilet Trained ☐ Yes ☐ No	Self Feeding ☐ Yes ☐ No	Food Dislike

EMERGENCY

In case of **emergency** when **both parents cannot be contacted**, please call any persons named below

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. __________

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.

I hereby consent to the Ministry of Social And Family Development 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.

____________________ ________________
Signature Date

FOR OFFICIAL USE ONLY
VERIFICATION OF ELIGIBILITY (TO BE COMPLTED BY CHILD CARE CENTRE)
Full Fees Paid ☐ Yes ☐ No ☐ Pro-Rated

Fees for Programmed Type	Net Fees Paid
Add – Other Charges (transport, uniforms, etc)	
Subtract – Discounts (staff, siblings, etc)	
Special Approval for subsidy? ☐Yes ☐No	

Remarks

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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.

____________________ ____________________
Name/Designation Signature/Date