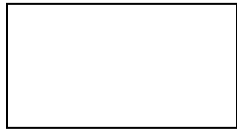


Please attach the following items to the registration form:

(Registration will only be processed if items are complete.)



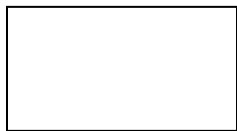
Copy of child's Birth
Certificate



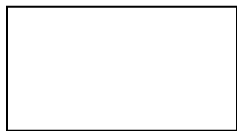
Copy of mother's IC /
Passport



Copy of father's IC /
Passport



2 passport-sized (colour) photos
of the child



S\$53.50 Registration Fee
(non-refundable)



S\$300 Refundable Deposit
(Only for confirmed student)



St. James' Church Kindergarten (Leedon)

1 Leedon Road, S. 267828 · Tel: 62197246 · Fax: 64684770 · Email: leedon@sjck.org.sg · Website: www.sjck.org.sg

REGISTRATION FORM					
Session: <input type="checkbox"/> First (8.15 am – 11.15 am)		Level/Year: <input type="checkbox"/> Pre-Nursery Playgroup _____		<input type="checkbox"/> K1 _____	
<input type="checkbox"/> Second (11.30 am – 2.30 pm)		<input type="checkbox"/> Nursery _____		<input type="checkbox"/> K2 _____	
1. CHILD'S PARTICULARS					
Name (as in birth cert.)					
Name on NAME TAG (max. 12 letters)					
Chinese characters		Gender		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth cert. no. / FIN no.		Citizenship			
Date of birth (dd/mm/yy)		Race			
First language spoken at home		<input type="checkbox"/> English <input type="checkbox"/> Malay <input type="checkbox"/> Mandarin <input type="checkbox"/> Tamil <input type="checkbox"/> Others:			
Religion		<input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Hinduism <input type="checkbox"/> Islam <input type="checkbox"/> Others:			
Address		Paste passport-size photo of child here		Staple passport-size photo of child here	
Tel. no. (home)					
School last attended					
2. PARENTS' / GUARDIAN'S PARTICULARS					
	Father / Guardian			Mother / Guardian	
Name					
Citizenship					
Occupation					
Name of Company					
Tel. no. (office)					
Mobile no.					
Email address					
Religion	Buddhism / Christianity / Hinduism / Islam / Others:			Buddhism / Christianity / Hinduism / Islam / Others:	
Church (if attending)					
Highest academic qualification					
3. IN CASE OF EMERGENCY, PLEASE CONTACT					
Name of person			Contact no.	Relationship to child	
4. CHILD'S MEDICAL HISTORY					
1. Does your child have any allergies? If yes, please describe.					
2. Does your child have any special needs? If yes, please elaborate or attach medical report.					
3. Is there any food or drink that your child is not allowed to consume? If yes, please describe.					
4. Is there anything else about your child that the school should be aware of? If yes, please describe.					

5. PRIORITY REGISTRATION (IF APPLICABLE)	
1. Sibling is currently in SJCK <i>Write name, current class & 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. Older sibling was an ex-student of SJCK <i>Write name & year of graduation.</i>	
4. Either parent was an ex-student of SJCK <i>Write name/s & indicate year of graduation & attach documents.</i>	
6. MISCELLANEOUS	
How did you come to know about St James' Church Kindergarten?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friends <input type="checkbox"/> MOE website <input type="checkbox"/> Relatives <input type="checkbox"/> Others	
Do you plan to use the school bus transport service to send your child to school and/or home?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not able to make a decision now	

AGREEMENT

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

Date of Registration					
Registration fee		Receipt no.		Cash / cheque	
Deposit		Receipt no.		Cash / cheque	
School fee		Receipt no.		Cash / cheque	
PNPG Supplementary fee		Receipt no.		Cash / cheque	
Nursery Book fee & Supplementary fee		Receipt no.		Cash / cheque	
K1 Book fee and Supplementary fee		Receipt no.		Cash / cheque	
K2 Book fee and Supplementary fee		Receipt no.		Cash / cheque	
School hat		Receipt no.		Cash / cheque	
School bag		Receipt no.		Cash / cheque	

CLASSES

Dew Drops ____ / ____ Sunshine ____ / ____ Rainbow ____ / ____ Starlight ____ / ____

REMARKS

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