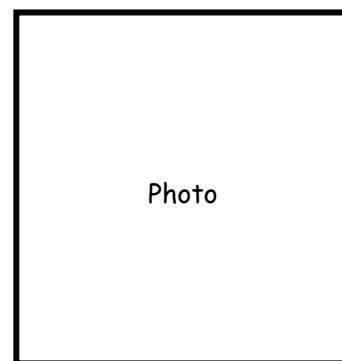


Personal Data

- Copy of parents' ICs/passports if non-Singaporean
- Immunisation record
- Birth certificate
- 2 photos (holiday snaps)
- Signed Acknowledgement of Handbook guidelines
- Allergy Reaction Form (please complete entire form)
- Mosquito Repellant Form
- Registration Form
- Bus Contract (if applicable)



By filling this form, I consent to:

1. The collection, storage, retention, adaptation, modification, reading, retrieval, use, transmission, blocking, erasure or destruction ("Processing") of the personal data provided by me in this Form ("Personal Data");
2. The Little House (Montessori) Pte. Ltd. ("educative or administrative staff member") processing my Personal Data for the purpose of my registration;
3. The Little House (Montessori) Pte. Ltd. transferring my Personal Data to different ministries where required to fulfill licensing requirements to run a kindergarten.
4. The educative or administrative staff member taking photos, videos or audio recordings which may contain my child's image/audio and may be used for archival purposes, on the school's website, publications and for publicity purposes.

Name of Child: _____

Chinese Name in character (if applicable): _____

Date of Birth: _____

Passport number / BC number / FIN number*: _____

Nationality: _____ Birth Weight: _____ Birth Height: _____

Race (MOE required): _____

First language spoken at home (MOE required): _____

Address (where child lives):

* Please circle

Sibling Details:

Name	Gender	DOB

Allergies/Medical problems that the child has (please be very specific):

N/A

1) _____

Symptoms: _____

2) _____

Symptoms: _____

Start date at The Little House (Montessori): _____

I/We* understand that the teachers of The Little House (Montessori) are in no way responsible for any accidents that may occur whilst the above named child is in the care of The Little House (Montessori).

Signature: _____

Print Name: _____

Date: _____

*Please circle

Mother's Particulars

Mother's Name as in passport/IC*

Passport / IC number / FIN number*

Address:

Same as child

Highest level of education attained (MOE question but we have found out it is not compulsory to answer):

Profession:

Contact number - **work**

Contact number - **home**

Contact number - **mobile**

Email address most used (info from school will be sent out to this media also):

*Please circle

Father's Particulars

Father's Name as in passport/IC*

Passport / IC number / FIN number*

Address:

Same as child

Highest level of education attained (MOE question but we have found out it is not compulsory to answer):

Profession:

Contact number - **work**

Contact number - **home**

Contact number - **mobile**

Email address most used (info from school will be sent out to this media also):

*Please circle.

Other Adults involved in your Child's life:

1) Name of person in charge of the after school care if different from above

Relationship to child

Contact number - **home**

Contact number - **mobile**

2) Name of person in charge of the after school care if different from above

Relationship to child

Contact number - **home**

Contact number - **mobile**
