

STUDENT CARE CENTRE REGISTRATION FORM

Singapore EduSmart Student Care Centre @ CHIJ Primary
(Toa Payoh)

628 Lorong 1 Toa Payoh Singapore 319765

Email : chijtp_sccadmin@singaporeedusmart.com.sg

Student's Photo

STUDENT'S PARTICULARS

Name as stated in Birth Certificate (in block letters) :		Chinese Characters (if Applicable) :
Date of Birth :	Place of Birth :	Birth Certificate No :
Gender : Male / Female *	Race : Chinese / Malay / Indian / Other *	Nationality : Singaporean / Permanent Resident / Others *
Home Address :		Home Tel Number :
Name of School : CHIJ Primary (Toa Payoh)		Level and Class :
Currently MOE FAS Recipient : Yes / No *		

PARTICULARS OF PARENTS / GUARDIAN

PARTICULARS	FATHER / GUARDIAN*	MOTHER / GUARDIAN*
Name as stated in NRIC :		
NRIC No :		
Nationality :		
Race :		
Religion :		
Mobile Number :		
Office Tel Number :		
Email Address :		
Name of Employer :		
Occupation :		
Gross monthly Income : <i>(Optional. Please fill up if you intend to apply for Student Care Subsidy)</i>		
Address (if different from child) :		
Household Size :		

*Delete whichever is not applicable

STUDENT'S MEDICAL INFORMATION		
		Please specify details if "yes"
Medical conditions / allergies :	Yes / No *	
Special dietary requirements :		
You will be asked to fill up a more detailed Student Medical Record (Annex A) upon acceptance.		
SPECIAL INSTRUCTIONS CONCERNING DAILY STUDENT'S DEPARTURE FROM STUDENT CARE CENTRE. (Please tick if applicable).		
NOTE : if there are any subsequent changes in the arrangement, the parents are wholly responsible to submit a written instruction to the Student Care Centre.		
<input type="checkbox"/> The following person(s) (other than parents) will be allowed to fetch my child home :		
	CONTACT 1	CONTACT 2
PARTICULARS		
Name as stated in NRIC :		
NRIC No :		
Relationship to child :		
Mobile Number :		
<input type="checkbox"/> I allow my child to go home on his/her * own and absolve the Student Care Centre of all responsibilities once my child leaves the Student Care Centre.		
<p>I verify that the information provided (including the medical information in Annex A) is correct. I understand that providing false information or withholding relevant information may result in termination of enrolment and may also pose health risk to my child / ward; for which I will not hold the centre responsible. Furthermore, I undertake to inform the centre in writing if there are any changes to the information provided in a timely manner.</p>		
<hr/> Name of Parent / Guardian		<hr/> Signature and Date

*Delete whichever is not applicable

ANNEX A

STUDENT'S DETAILED MEDICAL RECORD (Please put a tick if applicable)

i. Type of immunisation

	Date of Vaccination
i. BCG	
ii. Diptheria, Pertussis & Titanus	
iii. Polio Vaccine	
iv. Hepatitis B Vaccine	
v. Measles /Mumps/Rubella Vaccine	

Others (Specify): _____

ii. Physical challenge

	Yes	No
i. Speech		
ii. Sight		
iii. Hearing		
iv. Movement		

Others (Specify): _____

iii. Did/Does your child have any of the following medical conditions?

	Yes	No
i. Frequent colds		
ii. Tonsillitis		
iii. Ear Aches		
iv. Stomach Aches		
v. Fits Due to High Fever		
vi. Bronchial Asthma		
vii. Epilepsy		
viii. Kidney Disease		
ix. Heart Disease		
x. Diabetes Mellitus		
xi. Congenital Heart Disease		
xii. History of surgeries performed (Please specify if any:)		

Others (Specify): _____

iv. Has your child had any serious accident?

Yes / No*

If Yes, please specify: _____

*Delete whichever is not applicable

v. Has your child been diagnosed with the following?

	Yes	No
i. ADD / ADHD		
ii. Asperger Syndrome/Rett Syndrome		
iii. Autistic Spectrum Disorder		
iv. Communication/Speech Disorders		
v. Dyslexia		
vi. Tic Disorders		
vii. Hepatitis A / B / C		

vi. Is your child allergic to anything?

Yes / No*

If Yes, please specify: _____

vii. Do you know what his/her allergy is caused by?

Yes / No*

If yes, how does it manifest itself?

	Yes	No
i. Asthma		
ii. Hay fever		
iii. Hives		

Others (Specify): _____

viii. Special diet required? Yes / No

If Yes, please specify: _____

ix. Has your child attended/or still attending any Hospital/OPD/Private Doctor/Specialist?

Yes / No*

Name of Hospital/Clinic: _____

Name of Doctor: _____

Date of Next Appointment: _____

Hospital Clinic Reg. No.: _____

Reason for Attendance:

*Delete whichever is not applicable

x. **Is your child taking any medicine regularly?**

Yes / No*

If Yes, please write down the name and if possible, the dosage of the medicine. Please note **Please note that our Centre staff are not permitted to administer any medication to a student at all times.**

Medication: _____

Please note that SCC teachers should be informed of any special precautionary measures that have to be taken in SCC for the safety and health of your child.