

JHS MONTESSORI KINDERGARTEN
[MOE Regn.#2723 & ACRA Regn.#52944089W]
(Email:jhsmk@pacific.net.sg)

Sole proprietorship of POH ERN SHIH (Ltd.Co.Regn..#1950-00117E & CharityRegn.#009)
332 River Valley Road
Singapore 238364

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Fax: 6238.0665

REGISTRATION FORM

CHILD'S PARTICULARS

Date of Regn: _____

Name (in English): _____ Name (Chinese) _____ Sex: M/F

Date of Birth: _____ Place of Birth: _____ Birth Regn.No. _____
(dd/mm/yy)

Religion: _____ Race: _____ 1st Language: _____

Is child currently attending Nursery/K1/K2? YES/NO If yes state level: _____

Name & Address of pre-school: _____

Medical History: _____

(Attach Medical Reports)

EMERGENCY CONTACT #1 _____ TEL: _____ H/P _____

EMERGENCY CONTACT #2 _____ TEL: _____ H/P _____

CHILD'S PHYSICIAN: _____ TEL: _____ H/P _____

AUTHORISED PICKUP: _____ TEL: _____ H/P _____

- Relationship to child: _____

PARENTS' PARTICULARS:

Address: _____ Postal Code: _____

(Residence)

Father's

Mother's

Name:

NRIC No:

Home Tel:

Office Tel:

Pager/HP:

Nationality:

Occupation:

Employer:

Office Address:..... ..

Email: