



Student's Photo

ENROLMENT DATE: \_\_\_\_\_  
(to be completed by Centre)

**\*\* Both SCC and school will assess the eligibility and actual enrolment is subject to the school approval**

<b>REGISTRATION FORM</b> (please ✓ or delete* where appropriate)		
<b>Section 1 : Please share with us why you wish to enrol your child for after school Student Care Service.</b>		
<b>Section 2 : Child's Particulars</b>		
Current after-school care arrangement		
<input type="checkbox"/> No arrangement		
<input type="checkbox"/> Parents		
<input type="checkbox"/> Grandparents / Relatives		
<input type="checkbox"/> Domestic Helper		
<input type="checkbox"/> Student Care (If yes, please specify: _____)		
<input type="checkbox"/> Others: _____		
Name (as in Birth Certificate)	Chinese Characters (if applicable)	Class
Birth Certificate No.	Nationality	Gender * Male / Female
Date of Birth	Race	Religion
Residential Address of Child	Home Contact No.	MOE FAS Recipient * Yes / No
Type of Housing	Total no. of <u>family members</u> under the same household (excluding domestic helper)	
<input type="checkbox"/> Rental	Dietary requirements (if applicable)	
<input type="checkbox"/> Purchased		
<input type="checkbox"/> Living with relatives	<input type="checkbox"/> Halal	
<input type="checkbox"/> Others: _____	<input type="checkbox"/> Vegetarian	
<input type="checkbox"/> HDB * 1 / 2 / 3 / 4 / 5 room	<input type="checkbox"/> Others: _____	
<input type="checkbox"/> HUDC		
<input type="checkbox"/> HDB Exec		
<input type="checkbox"/> Condominium		
<input type="checkbox"/> Landed		

<b>Section 3 : Child's Medical Information</b> (please ✓ where appropriate)			
	Yes	No	Please specify if 'yes' and produce medical report (if available)
Medical conditions			
Allergies			
Is the child under medication?			If yes, please specify
Name of Family Doctor:			
Contact No. of Clinic:	Address of Clinic :		

<b>Section 4 : Emergency Contact</b>		
<b>In case of emergency, please contact the following person(s):</b>		
<b>Contact 1</b>		
Name	NRIC No.	Relationship to child
HP No.	Home No.	Office No.
Home Address :		
<b>Contact 2</b>		
Name	NRIC No.	Relationship to child
HP No.	Home No.	Office No.
Home Address :		

<b>Section 5 : Particulars of Child's Parents / Guardian (please ✓ where appropriate)</b>			
	<b>FATHER</b>	<b>MOTHER</b>	<b>GUARDIAN</b> (Please state relationship to child and provide a duplicate copy of the guardianship)
Name			
NRIC / Passport No. (Please submit a duplicate copy of the NRIC / Passport)			
Race			
Marital Status			
Highest Education Qualification			
Employment Description	<input type="checkbox"/> Employed Full -time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Looking for a job <input type="checkbox"/> Undergoing training <input type="checkbox"/> Unemployed <input type="checkbox"/> Medically unfit for work <input type="checkbox"/> Retired <input type="checkbox"/> Self-employed	<input type="checkbox"/> Employed Full -time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Looking for a job <input type="checkbox"/> Undergoing training <input type="checkbox"/> Unemployed <input type="checkbox"/> Medically unfit for work <input type="checkbox"/> Retired <input type="checkbox"/> Self-employed	<input type="checkbox"/> Employed Full -time <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Looking for a job <input type="checkbox"/> Undergoing training <input type="checkbox"/> Unemployed <input type="checkbox"/> Medically unfit for work <input type="checkbox"/> Retired <input type="checkbox"/> Self-employed
Gross Monthly Income (if working)	<input type="checkbox"/> < \$1, 000 <input type="checkbox"/> \$1, 001 to \$1, 500 <input type="checkbox"/> \$1, 501 to \$2, 000 <input type="checkbox"/> \$2, 001 to \$2, 500 <input type="checkbox"/> \$2, 501 to \$3, 000 <input type="checkbox"/> \$3, 001 to \$3, 500 <input type="checkbox"/> \$3, 501 to \$4, 000 <input type="checkbox"/> > \$4, 000	<input type="checkbox"/> < \$1, 000 <input type="checkbox"/> \$1, 001 to \$1, 500 <input type="checkbox"/> \$1, 501 to \$2, 000 <input type="checkbox"/> \$2, 001 to \$2, 500 <input type="checkbox"/> \$2, 501 to \$3, 000 <input type="checkbox"/> \$3, 001 to \$3, 500 <input type="checkbox"/> \$3, 501 to \$4, 000 <input type="checkbox"/> > \$4, 000	<input type="checkbox"/> < \$1, 000 <input type="checkbox"/> \$1, 001 to \$1, 500 <input type="checkbox"/> \$1, 501 to \$2, 000 <input type="checkbox"/> \$2, 001 to \$2, 500 <input type="checkbox"/> \$2, 501 to \$3, 000 <input type="checkbox"/> \$3, 001 to \$3, 500 <input type="checkbox"/> \$3, 501 to \$4, 000 <input type="checkbox"/> > \$4, 000
For application of SCFA Scheme, please contact our centre staff for more information. Under the MSF guidelines, submission of current 3 month's payslips is mandatory. Incomplete submission of relevant financial documents will delay the admission into the centre.			
Any Other source of Income e.g. rental			
Contacts	HP No.	HP No.	HP No.
	Office No.	Office No.	Home / Office No.
Email Address			
Home Address (if different from child's)			

<b>Section 6 : For safety reasons, the following authorized person(s) will fetch my child directly from the Student Care Centre (by 6.45pm)</b>		
<b>Contact 1</b>		
Name:	NRIC No.:	
Relationship to child:	HP No.	Home No.
Mode of fetching child from Student Care Centre (please ✓ one option only)	Preferred pick up time: <input type="checkbox"/> 6.00pm <input type="checkbox"/> 6.30pm Through School's Main Gate The school's gate will be closed by 7pm.	
Any remarks :		
<b>Contact 2</b>		
Name:	NRIC No.:	
Relationship to child:	HP No.	Home No.
Mode of fetching child from Student Care Centre (please ✓ one option only)	Preferred pick up time: <input type="checkbox"/> 6.00pm <input type="checkbox"/> 6.30pm Through School's Main Gate The school's gate will be closed by 7pm.	
<b>Authorise child to go home by himself/herself (for Upper Primary students only)</b>		
<input type="checkbox"/> My child is independent and knows how to take care of himself / herself. Hence I allow my child to go home on his / her own. I will not hold the Student Care / SHG Student Care Limited liable for his / her safety.		
<b>Section 7 : Applicant's declaration</b>		
<p>I, the undersigned, declare that all the above information is true and correct;</p> <p>I understand that the Student Care application will only be processed if it is duly completed with the attachment of relevant documents. Both the Student Care and the school will assess the eligibility and only shortlisted applicants will be contacted regarding the enrolment.</p> <p><input type="checkbox"/> I hereby allow Self Help Groups Student Care to retrieve any required documentation from the school if I am unable to provide as such.</p> <p>Applicant's Name &amp; Signature : _____ Date : _____</p>		