



**PARENTS / GUARDIANS**

**Mother's** Name (in NRIC): \_\_\_\_\_

IC / Passport No.: \_\_\_\_\_ (pink/blue) Date of Birth: \_\_\_\_\_

Nationality.: \_\_\_\_\_ Race: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ ( \_\_\_\_\_ ) hrs / mth

Office No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Email: \_\_\_\_\_



**Father's** Name (in NRIC): \_\_\_\_\_

IC / Passport No.: \_\_\_\_\_ (pink/blue) Date of Birth: \_\_\_\_\_

Nationality.: \_\_\_\_\_ Race: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ ( \_\_\_\_\_ ) hrs / mth

Office No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Email: \_\_\_\_\_



**FAMILY - SIBLINGS**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ School: \_\_\_\_\_

**2 EMERGENCY CONTACT PERSONS (Other than parents)**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home No.: \_\_\_\_\_ Cell No.: \_\_\_\_\_

**EMERGENCY CARE**

In the event that Between Two Trees Preschool is closed (for whatever reason) for a period of one or more days, please state your alternative care arrangements (include caregiver, location and telephone details):

\_\_\_\_\_  
\_\_\_\_\_

**CUSTODIANS**

Please inform us if a parent is deceased or if parents are divorced and/or remarried:

\_\_\_\_\_

For parents who are separated / divorced, please state if there is a custody order in effect and provide a copy of the same document for our attachment. YES / NO

**DROPPING / PICKUP**

Who will be dropping and picking your child up? If not the parents, please provide names and details of such authorised person(s) and a signed copy of the Authorisation Form. This includes grandparents and helpers. \_\_\_\_\_

**DIET**

Bottle: \_\_\_\_\_ Cup: \_\_\_\_\_ Spoon / Self Feed: \_\_\_\_\_

Diet: Normal / Vegetarian / Others - \_\_\_\_\_

Intolerant Foods: \_\_\_\_\_

Special Routine for Meals: \_\_\_\_\_

**SLEEP**

Comforter / Toy / Bottle: \_\_\_\_\_

Cot / Mattress: \_\_\_\_\_ Habits: \_\_\_\_\_

Times: \_\_\_\_\_ Duration: \_\_\_\_\_

**UNIQUE INFORMATION**

Likes / Enjoys: \_\_\_\_\_

Fears: \_\_\_\_\_

Any Toys / Trinkets / Objects for security: \_\_\_\_\_

Words that have special meaning for the child: \_\_\_\_\_

Any other information we should know: \_\_\_\_\_

**MEDICAL DETAILS**

Name of Doctor: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Allergies: \_\_\_\_\_

Known Medical Conditions: \_\_\_\_\_

Immunisation Details: \_\_\_\_\_

Does your child have any medical history that should be made known to us?

\_\_\_\_\_

Has your child ever seen or been recommended to see a therapist or psychologist? If yes, please specify the nature of assessment.

\_\_\_\_\_

## MEDICAL DETAILS (CONTINUED)

Has a physician ever treated your child or told you he/she has (*circle appropriate item and check*):-

- |    |  |          |
|----|--|----------|
| 1  | Shortness of breath, chest pain, stroke, rheumatic fever, heart trouble or murmur, high blood pressure, asthma | Yes / No |
| 2  | Epilepsy, dizzy spells, convulsions, loss of consciousness, paralysis  | Yes / No |
| 3  | Severe or frequent headaches   | Yes / No |
| 4  | Allergies  | Yes / No |
| 5  | Reading or learning disability or ADHD   | Yes / No |
| 6  | Hearing loss or impairment   | Yes / No |
| 7  | Injury, disease, condition, surgery or disorder other than the above   | Yes / No |
| 8  | Any reason to believe that he or she is not in good health   | Yes / No |
| 9  | Been or is taking any medication   | Yes / No |
| 10 | Any eating disorder  | Yes / No |
| 11 | Any physical problems which could be aggravated by stress  | Yes / No |
| 12 | Any sleep disorders  | Yes / No |

***If the answer to any of the above questions is "Yes", explain below with details / date***

## CORRESPONDENCE

Would you prefer to receive correspondence by email or snail mail? If earlier, please indicate email address(es) different from those furnished above. \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## DOCUMENTATION

I understand that in the process of documentation, photographs and recordings will be made of my child and or his/her work and will agree to let Between Two Trees Preschool and/or The Lighthouse Keepers Pte Ltd use such materials for teachers' research and marketing.

## EXCURSIONS / OUTINGS

I understand that my child may be taken out of the school premises from time to time for excursions / outings that are part of the educational and care programme and that I will be notified in advance. In the absence of any written (by email / note / letter) objection from me to my child's teacher and/or principal with respect to such outing, Between Two Trees Preschool and/or The Lighthouse Keepers Pte Ltd may presume that they have my consent for taking my child out for any excursion/ outing. I further understand that care will be exercised in ensuring the safety and welfare of my child and will not hold either Between Two Trees Preschool and/or The Lighthouse Keepers Pte Ltd or its staff liable for accident

or injury suffered by my child while on school premises or during an excursion and will not file any claims against any of them.

I certify that the information provided above is true and accurate. Further, I agree to abide by the rules and regulations of Between Two Trees Preschool according to the parents' handbook (which may be amended from time to time without prior notice).

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_

**REGISTRATION DOCUMENTS CHECKLIST**

- A copy of child's birth certificate .....
- A copy of child's vaccination / immunization record .....
- A copy of each parent's identification card (both sides) .....
- (For Singapore Permanent Residents & Foreigners)**
- A copy of parents' and child's entry, permit, green card or passport .....
- 2 passport sized photographs of child .....
- 2 passport sized photographs of parents .....
- 2 passport sized photographs of adults (other than parents) picking up child .....
- ECDA Form 1 .....
- For working mothers / single fathers eligible for government subsidies**
- An employment confirmation letter from employer stating (1) employment start date,  
(2) designation and (3) number of working hours per month .....

**MUTUAL UNDERSTANDING AND AGREEMENT**

Lighthouse is not a fiduciary of the student and it may not be expected that education at the school will bring to the student the same standard of care expected of trained child psychologists or similar health professionals. The student is free to leave the school at any time for any reason and in accepting that freedom, the student / the student’s parent / guardian takes full responsibility for either leaving or remaining in the school / programme.

You release Lighthouse and any of its workers, agents or employees from any and all liability including any negligent acts or omissions on behalf of the student. You further agree to indemnify and hold harmless Lighthouse and its workers, agents and/or employees from any claims which may be instituted by you / the student and/or any person or organization claiming through you / the student.

You agree that in the event of any dispute arising out of the terms of this Parents’ Handbook or participation in any programme provided by Lighthouse, it must be mediated before any other process may be engaged in. Failing agreement by the parties to a mediator within 14 days of notice of dispute, a mediator must be appointed under the laws of Singapore. In the event any mediation is unsuccessful in resolving the issue, the parties hereby agree to submit the dispute to arbitration in accordance with Singapore laws and not by lawsuit nor to resort to any court process (except as applicable law provides for judicial review of arbitration proceedings).

You acknowledge that in receiving this Parents’ Handbook, you have not and do not rely on any warranty and representation express or implied made by Lighthouse, its workers, agents or employees except those expressly noted herein. You further acknowledge that Lighthouse has provided this Parents’ Handbook and its contents to you on the basis of the truth, accuracy and completeness of the information disclosed to it by you to date. In the event that any of such information is found to be untrue, misleading or deceptive, Lighthouse may at its option terminate its statements found in this Parents’ Handbook and in such event will be entitled to retain all monies received by it.

The agreement constituted by this Parents’ Handbook is construed and governed by the laws of the Republic of Singapore.

I acknowledge receipt of the Parents’ Handbook provided to me by Lighthouse. I have thoroughly and carefully read the information contained here, I understand it and agree to adhere to the contents herein. I understand that the information I have provided with regards to myself and my child and the information in other forms completed by me is part of this agreement. I understand that Lighthouse makes no warranties, claims or representations. I acknowledge that the agreement constituted by this Parents’ Handbook contains the entire understanding between myself and Lighthouse and may not be modified except by a written instrument agreed to by both parties.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_



## AUTHORISATION FORM FOR PICK-UP

CHILD'S NAME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

HOME NO.: \_\_\_\_\_

Child's Photo

**AUTHORISED PERSON(S)** - Person(s) you authorise to pick up your child other than yourself or your spouse.

Please note that a photograph or photocopy of identification of each authorised person is **compulsory**.

Name: \_\_\_\_\_ NRIC No.: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Home Address: \_\_\_\_\_

Transport type: \_\_\_\_\_ Vehicle no.: \_\_\_\_\_

Adult's  
Photo

Name: \_\_\_\_\_ NRIC No.: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Home Address: \_\_\_\_\_

Transport type: \_\_\_\_\_ Vehicle no.: \_\_\_\_\_

Adult's  
Photo

Name: \_\_\_\_\_ NRIC No.: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Home Address: \_\_\_\_\_

Transport type: \_\_\_\_\_ Vehicle no.: \_\_\_\_\_

Adult's  
Photo

Effective from: Immediately / \_\_\_\_\_ to \_\_\_\_\_ \* (delete as appropriate)

I agree that this form constitutes part of the agreement contained in the Parents Handbook provided to me and the contents therein are applicable here.

I certify that the information provided above is true and accurate and agree to the terms and conditions provided here.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_