



A: 73 Loewen Road #01-19/20 S248843

T: 6509 8296

**REGISTRATION FORM**

**DATE OF APPLICATION:** \_\_\_\_\_  Enrollment  Waiting List

**PROGRAMME:**  Project Learning + Structured Learning / Music & Movement **PROG:**  2PS  3PS

**FOR MONTH/YEAR:** \_\_\_\_\_ **LEVEL:** Pre-N / N1 / N2 / K1 / K2 **SESSION:**  AM  PM

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**STUDENT DETAILS:**

Name (as in Birth Certificate): \_\_\_\_\_

Nickname: \_\_\_\_\_ (if any) Chinese Characters: \_\_\_\_\_

Sex: Male / Female Birth Cert / IC / Passport No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

Home No.: \_\_\_\_\_ Home Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code ( )

Mailing Address (if different from above): \_\_\_\_\_

Birth Order: \_\_\_\_\_ No. of Siblings: \_\_\_\_\_ No. of Siblings in our care: \_\_\_\_\_

**PARENTS / GUARDIAN:**

**Mother's Name:** \_\_\_\_\_

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

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

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

Office No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

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



**Father's Name:** \_\_\_\_\_

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

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

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

Office No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

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



**Preferred Contact:**       Father       Mother       Guardian/ Grandfather / Grandmother

**DROPPING OFF / PICK UP**

Who will be dropping and picking your child up? If not the parents, please provide names and details of such authorised person(s). This includes grandparents and helpers. Please note that the school is not responsible for the safety of a child outside school premises.

**MEDICAL DETAILS**

Does your child have any medical history that should be made known to us?       Yes       No

Does your child have any allergies or intolerant food?       Yes       No

Has your child ever seen or been recommended to see a therapist or psychologist?       Yes       No

If yes to any of the above, please specify .....

**UNIQUE INFORMATION OF YOUR CHILD**

Likes or enjoys:

.....

Fear:

.....

Any toys or trinkets or objects for security:

.....

Words that have special meaning:

.....

Any other information we should know:

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**HOW DID YOU HEAR ABOUT US?**

- Ex-Student
- Public Seminars
- Online Search
- Magazine Ad
- Newspaper Ad
- Poster / Banner
- Others (please specify)
- Friends/Relatives
- Online Newsletter
- Social Media Platforms
- Magazine Articles
- Newspaper Articles
- Flyer / Direct Mailer

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**WHY DID YOU CHOOSE TO ENROLL YOUR CHILD IN BETWEEN TWO TREES?**

- School Philosophy & Curriculum
- Location
- Positive Feedback
- Referral
- Fees
- Others (please specify)

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**REGISTRATION:**

**Documents Required (Hard Copies Only)**

We would appreciate it if you could hand in the registration form, with the supporting documents and payment in a sealed envelope (Attn: Jo'an) at your soonest convenience. You may submit the documents between Monday - Friday, 9am- 5pm.

Alternatively, you can send them via post to 73 Loewen Road #01-19/20, S248843.

These are the supporting documents that are required:

- 1 passport-size photo of child
- 1 passport-size photo of parents
- Photocopy of child's birth certificate
- Photocopy of parents' IC (front & back)

**DOCUMENTATION**

I understand that in the process of documentation, photographs and recordings may be made of my child and his or her work and will agree to let THE LIGHTHOUSE KEEPERS PTE LTD or any of its schools use such materials for teachers' research and/ or marketing.

**PARENT / GUARDIAN**

I certify that the information provided above is true and accurate.

Signature: .....

Name: .....

Date: .....

**For Official Use:**

Please tick indicating that each of the following has been explained:

- Deposit Refund Policy
- Public Holidays Policy
- School Bus Charges
- Make-up Class Policy
- Enrolment Fee

**Name of Attending Staff:** .....

**Date:** .....