

**KINDERWORLD EDUCARE CENTRE**

By ANTARA EDUCARE SDN BHD (340214-A)

T : +606 337 5819

E: admin@antara.my

REGISTRATION FORM

Location: Klebang

birth certification
immunization certification
mykid card/passport
parents' identification card

CHILD INFORMATION

NAME	<i>Last (Surname)</i>	<i>First (Given Name)</i>	华 (姓名)
GENDER		AGE	
DATE OF BIRTH		NATIONALITY	
BIRTH CERTIFICATE NO.		RACE	
HOME ADDRESS	<i>Street Address</i>		
	<i>City</i>	<i>State</i>	<i>Postcode</i>
HOME PHONE			

FAMILY INFORMATION

NAME OF FATHER			
NATIONALITY			
OCCUPATION		PHONE (MOBILE)	
EMPLOYER/COMPANY		PHONE (OFFICE)	
EMAIL			
WORK ADDRESS			

NAME OF MOTHER			
NATIONALITY			
OCCUPATION		PHONE (MOBILE)	
EMPLOYER/COMPANY		PHONE (OFFICE)	
EMAIL			
WORK ADDRESS			

SIBLINGS

FULL NAME

AGE

SCHOOL

OTHER PERSONS IN THE HOUSEHOLD AND THEIR RELATIONSHIP TO THE CHILD

GETTING TO KNOW YOUR CHILD

WHAT LANGUAGE(S) DOES YOUR CHILD SPEAK AT HOME?

WHAT ARE HIS/HER SPECIAL INTERESTS?

DOES HE/SHE ENJOY OUTDOOR ACTIVITIES?

PLEASE PROVIDE DETAILS OF HIS/HER FAVOURITE TOYS/OBJECTS.

DOES HE/SHE WATCH TELEVISION REGULARLY, IF SO, WHAT ARE THE NATURES OF THE PROGRAMMES?

WHO DOES YOUR CHILD SLEEP WITH?

IS THERE A PLAYROOM AT HOME?

DOES YOUR CHILD HAVE ANY FEARS? IF SO, WHAT MAY THEY BE? (E.G. SPIDERS, LOUD NOISES)

EATING HABITS *STRIKE OFF WHERE NOT APPLICABLE*

DOES YOUR CHILD FEED HIM/HERSELF?

DOES HE/SHE HAVE MEALS TOGETHER?

WOULD YOU CLASSIFY HIM/HER AS A GOOD/AVERAGE/POOR EATER?

TOILET HABITS

ARE YOUR CHILD'S TOILET HABITS WELL-ESTABLISHED OR AT AN INTRODUCTORY STAGE?

TERMINOLOGY USED FOR URINATION

DEFECATION

FAMILY STATUS

PARENT'S MARITAL STATUS MARRIED SEPARATED DIVORCED WIDOWED: YEAR

WHO DOES YOUR CHILD PRESENTLY LIVE WITH?

IF YOUR CHILD LIVES WITH ONE PARENT, HOW OFTEN DOES HE/SHE SEE THE OTHER PARENT?

WHO IS HIS/HER LEGAL GUARDIAN?

ARE EITHER OR BOTH PARENTS AWAY FROM HOME OFTEN? IF SO, WHO STAYS WITH YOUR CHILD?

IS YOUR CHILD IN THE CARE OF ANOTHER PERSON DURING THE DAY? IF SO, WHAT IS HIS/HER RELATIONSHIP TO YOUR CHILD, HIS/HER NAME AND CONTACT NUMBER?

OTHER DETAILS

Please include any special circumstances that may affect your child's emotional state or behaviour and adaption at school e.g. mother's pregnancy, arrival of new sibling, bereavement, re-location or any experience that may be considered traumatic. We would also appreciate any additional information that you feel will help us to get to know your child better.

PREVIOUS CHILDCARE CENTRE OR PRESCHOOL

WHY HAVE YOU SELECTED KINDERWORLD?

HOW DID YOU HEAR ABOUT KINDERWORLD?

EMERGENCY CONTACTS & SECURITY MEASURES

Please provide the names & relationship of those who can be contacted if you cannot be reached

NAME

TEL NO.

NAME

TEL NO.

DETAILS OF CAR MODELS/REGISTRATION NUMBERS THAT WILL BE PICKING/DROPPING YOUR CHILD OFF

ACKNOWLEDGEMENT-TERMS & CONDITIONS

TO BE RETURNED TO THE ADMINISTRATOR

Kinderworld is committed to high standard of care for your child. We love working with your child and we always maintain strictest adherence to safety guidelines. However, accidents can occur. Our policy does not allow us to accept liability for accidents which may occur within our premises.

We request for your understanding and the necessity for such a clause. We trust that you have read, understand and agree to abide by all our Terms & Conditions (as attached). Thank you.

I, _____, hereby acknowledge that I have read, understood, and agree to adhere to Kinderworld – Terms & Conditions, and any standard policies and procedures that may be made known to me from time to time. I agree to give one term’s written notice of withdrawal in advance (three calendar months), should I wish to withdraw my child from school, failing which you shall be entitled to forfeit the refundable deposit. Further, I accept that the refundable deposit is non-transferable.

Signature of Parent: _____ Date: _____

NB: In the event that we do not receive the signed acknowledgement, you will be deemed to have read, understood and accepted the Terms & Conditions in its totality.

FOR OFFICIAL USE ONLY

DATE OF OBSERVATION		DATE OF ENTRY	
	<i>DATE PAID</i>	<i>AMOUNT</i>	<i>RECEIPT NO.</i>
DEPOSIT			
REGISTRATION DATE			
EDUCATIONAL PROVISION			

MEDICAL HEALTH RECORD

CHILD'S NAME

NAME OF PAEDIATRICIAN

PAEDIATRICIAN'S ADDRESS

PAEDIATRICIAN'S TELEPHONE NUMBER

NOTE: Kindly enclose photocopies of your child's immunization record (DTP vaccination) and birth certificate.

Has your child contracted any of the following illnesses? Please tick where applicable.

MEASLES	<input type="checkbox"/>	DIABETES	<input type="checkbox"/>	PIN WORM	<input type="checkbox"/>
KIDNEY DISEASE	<input type="checkbox"/>	MUMPS	<input type="checkbox"/>	DYSENTERY	<input type="checkbox"/>
RHEUMATIC FEVER	<input type="checkbox"/>	CHICKEN POX	<input type="checkbox"/>	ASTHMA	<input type="checkbox"/>
RUBELLA	<input type="checkbox"/>	EPILEPSY	<input type="checkbox"/>	ECZEMA	<input type="checkbox"/>

If your child has had any operations/hospitalization, please provide relevant details.

DATE	DETAILS

Please include any special health problems your child may have.

SPECIAL HEALTH CONDITION	
DISABILITIES	
ALLERGIES	
SERIOUS INJURIES/ACCIDENTS	
MEDICATION PRESCRIBED	

Are there any other considerations pertaining to your child's health or physical state that we should know about? (e.g. family history of illness)

In the event of an emergency, I authorise *Kinderworld* to take whatever action deemed necessary. I agree not to request the school to administer medication that may, at any time, be prescribed to my child.

Parent Signature :

Date :

Name of Parent :