

**AMP-MERCU STUDENT CARE CENTRE  
@ JUNYUAN PRIMARY  
REGISTRATION FORM**

**CLASS:** \_\_\_\_\_ **REGISTRATION FOR YEAR:** \_\_\_\_\_

**I CHILD'S PARTICULARS (in BLOCK LETTERS)**

Name: \_\_\_\_\_ (Chinese characters, if any) \_\_\_\_\_

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

Telephone (Home): \_\_\_\_\_ Email: \_\_\_\_\_

Birth Cert No.: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Sex : Female / Male

Your preferred mode of communication: \_\_\_\_\_

Child to be fetched by : Mother / Father / Grandparents / Others \_\_\_\_\_

In Case of Emergencies, Call :

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

**II** Are you currently attending any Student Care Centre? Yes/ No

If yes, kindly indicate name of Student Care Centre: \_\_\_\_\_

**III MEDICAL HISTORY OF CHILD**

- 1
- |    |                                 |   |          |
|----|---------------------------------|---|----------|
| a) | Asthmatic Bronchitis            | : | Yes / No |
| b) | Epileptic Fits                  | : | Yes / No |
| c) | Febrile Fits (related to fever) | : | Yes / No |
| d) | Skin Disease                    | : | Yes / No |
| e) | Others (please specify) _____   |   |          |

2 Is your child allergic to any drugs, food or others? Yes / No

If yes, please specify \_\_\_\_\_

3 Is your child suffering from any physical disability?

- |    |          |          |
|----|----------|----------|
| a) | Hearing  | Yes / No |
| b) | Movement | Yes / No |
| c) | Speech   | Yes / No |

- d) Sight Yes / No  
 e) Others (please specify) \_\_\_\_\_

#### IV PARENTS' / GUARDIAN'S PARTICULARS

PARTICULARS	MOTHER	FATHER
Name (in BLOCK LETTERS)		
Age / Date of Birth		
NRIC / Passport No.		
Nationality / Race		
Handphone No.		
Email Address:		
Occupation		
Name of Employer		
Gross Monthly Income		

V I, \_\_\_\_\_, certify that all particulars given above are true.

VI I hereby consent and authorize MERCU Learning Point Pte Ltd to communicate with me with respect to this application and other programmes or services, by electronic mail, short messaging services (SMS) or any other means the Company may deem appropriate using the particulars set out in this application.

I also understand that the company reserves the right to take steps to prevent any misuse of this service and to seek remedies open to us.

VII I acknowledge receipt of a copy of the Parent's Handbook. I have read and understood its content. I understand and agree to abide by the aforesaid "Rules and Regulations" as spelled out in the Handbook.

\_\_\_\_\_  
 Signature of Parent / Guardian

\_\_\_\_\_  
 Date

***N.B. The Centre should be notified of any changes in the particulars given above***

<b>FOR OFFICIAL USE</b>	
<i>1<sup>st</sup> Month Fee</i>	: <i>Paid _____ / Not Paid / Waived</i>
<i>Registration Fee</i>	: <i>Paid _____ / Not Paid / Waived / Eligible for Start-up Grant</i>
<i>Material Fee (Sem 1/2)</i>	: <i>Paid _____ / Not Paid / Waived</i>
<i>1 Month Deposit</i>	: <i>Paid _____ / Not Paid / Waived / Eligible for Start-up Grant</i>
<i>T-Shirt</i>	: <i>Paid _____ / Not Paid / Waived / Eligible for Start-up Grant</i>
<i>Receipt No.</i>	: _____
<i>Signature</i>	: _____
<i>Date</i>	: _____