

## CHILD INFORMATION FORM

<b>Name</b> <small>(as in birth cert.)</small>	
<b>Class</b>	

### 1. CHILD'S MEDICAL HISTORY *(Please attach details where necessary)*

Does your child have any medical conditions/special needs? If yes, please elaborate or attach medical report.	
Does your child have any long term medication? <input type="checkbox"/> No <input type="checkbox"/> Yes. If yes, please elaborate	

### 2. FAMILY PHYSICIAN / AUTHORIZATION FOR EMERGENCIES

Name of Physician/Clinic		Contact no. of Physician/Clinic	
Address of Physician/Clinic			
In case of a medical emergency, I hereby approve / refuse Ascension Kindergarten the right to send my child to a hospital/clinic to receive medical aid. <input type="checkbox"/> Approve <input type="checkbox"/> Refuse			

### 3. AUTHORISED PERSONNEL TO PICK-UP CHILD (in addition to Parents'/Guardians' contact provided)

Please tick one – who will receive the emergency SMS		<input type="checkbox"/> Father	<input type="checkbox"/> Mother
Name		NRIC / FIN no.	
Contact no.		Relationship to child	
Name		NRIC / FIN no.	
Contact no.		Relationship to child	
Name		NRIC / FIN no.	
Contact no.		Relationship to child	

In case of emergency, I hereby approve the above-mentioned contact(s) to pick up my child from Ascension Kindergarten  
 Approve

### 4. MISCELLANEOUS

How did you come to know about Little Seeds Preschool?  
 Advertisement     Friends     MOE Website     Relatives     Others

Is your child registered at other Little Seeds Preschool?  
 Yes                       No

Name of Branch:  
 \_\_\_\_\_

#### AGREEMENT

By submitting all personal data listed on the form, you consent to Ascension Kindergarten collecting, using, disclosing and/or processing your personal data for the purpose of your child's registration with the Preschool and when your child has been successfully enrolled in the Preschool. Such personal data includes information about you and your family as set out in the registration form and documents and any other personal information you have provided.

\_\_\_\_\_  
Name of father / mother / guardian

\_\_\_\_\_  
Signature & date