

## Registration Form

### PART 1 – CHILD’S PARTICULARS

Name	Gender (F/M)	Age
1)		
2)		
3)		
4)		

Allergies /Medical Problem (if any)

\_\_\_\_\_

### PART 2 – PARENT’S / GUARDIAN’S PARTICULARS

Name	IC No.	Gender	Contact No.

Allergies /Medical Problem (if any)

\_\_\_\_\_

### PART 3 – IN CASE OF EMERGENCY, PLEASE CONTACT: -

Name	Contact No.	Relationship

I agree that all the above information is correct. The fees are non-refundable and non-transferable. Should a parent withdraw the child after confirmation but before the programme has commenced, 30% of the fees (cancellation fee) will be charged.

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

Date: \_\_\_\_\_

### PART 4 – FOR OFFICE USE

Date Received	
Programme	
Date of Programme	
Receipt No.	
Total Amount	
Cash/Bank	

Cash payment over the counter is acceptable or through bank transfer as per details:  
**SWCS HSBC Bank Account No. 392-050779-101**