



Whee!Canopus Student Care Centre @ Huamin Primary School REGISTRATION FORM

Thank you for your interest in our Student Care services. Kindly note that both student care and school will assess the eligibility of the registration, and enrolment confirmation is subject to the school's approval.

School Details Class (Year): _____ ()	Siblings' Name & Level enrolled / enrolling with Whee!Canopus
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STUDENT'S INFORMATION <i>*Please delete where applicable</i>		
Full Name (as per Birth Certificate)		
Gender*: <div style="text-align: center;">Male / Female</div>	Date of Birth	Birth Certificate No.
Race	Citizenship	Country of Birth
Address		

STUDENT'S MEDICAL INFORMATION		
1. MEDICAL CONDITIONS	* DELETE ACCORDINGLY	PLEASE SPECIFY IF 'YES'
(a) Asthmatic Bronchitis	Yes / No	
(b) Epileptic Fits / Febrile Fits*	Yes / No	
(c) Skin Condition	Yes / No	
(d) Others (Please specify)	Yes / No	
2. ALLERGIES E.g. Food, Medication, Insect Bites or Others	Yes / No	
OTHER CONDITIONS		
(a) ADD / ADHD	Yes / No	
(b) Autism	Yes / No	
(c) Dyslexia	Yes / No	
(d) Dyspraxia	Yes / No	
(e) GDD	Yes / No	
(f) Others (Hearing, Movement, Speech, Sight) *	Yes / No	

PARENTS' / GUARDIANS' PARTICULARS **Please delete where applicable*

PARTICULARS	MOTHER / GUARDIAN	FATHER / GUARDIAN
Full Name (as per NRIC)		
NRIC / Passport No.		
Date of Birth		
Nationality		
Race		
Marital Status	Single / Married / Divorced / Widowed / Separated*	Single / Married / Divorced / Widowed / Separated*
Occupation		
Mobile No.		
Home Telephone No.		
Email		

FINANCIAL ASSISTANCE APPLICATION (if applicable)

- I wish to apply for the Student Care Financial Assistance (SCFA) Scheme.**
Kindly read up the Terms and Conditions for the qualifying criteria.

I understand that I will be required to make the full monthly payment first. I acknowledge that my application and subsidy quantum are subject to the Ministry of Social and Family Development's (MSF) approval. Upon successful application of the financial assistance, reimbursement will be made accordingly to myself or to any account which I have designated.

DECLARATION OF ALTERNATIVE CARE OPTIONS

**Current available after-school care arrangement:
(Please select)**

Domestic Helper Grandparents / Relatives Guardians

Child / Student Care Centre: Please specify _____

Others: Please specify _____

REASON FOR STUDENT CARE APPLICATION

Please specify:

ADDITIONAL AUTHORISED GUARDIAN (if applicable)

I hereby acknowledge that the following person is an authorised emergency contact and is able to fetch my child from the SCC on my behalf.

Full Name (as per NRIC)	NRIC / Passport No. (Last 4 characters only)
Relationship to Child	Mobile No.

STUDENT'S PICK UP / DISMISSAL ARRANGEMENT **Please select where applicable*

[For all Levels]
My child will be fetched during the staggered dismissal timings (as stipulated in the Parent's Handbook).

[For Upper Primary students only]
I hereby consent my child to go home on his/her own from the SCC according to the staggered dismissal timings as stipulated in the Parent's Handbook. I will not hold Wheel!Canopus Student Care liable for his/her safety as my child is independent.

DAY	DISMISSAL TIME	Reason / Remarks
<input type="radio"/> NOT APPLICABLE		
<input type="radio"/> Monday		
<input type="radio"/> Tuesday		
<input type="radio"/> Wednesday		
<input type="radio"/> Thursday		
<input type="radio"/> Friday		

CHECKLIST OF DOCUMENTS REQUIRED FOR REGISTRATION

S/N	ITEM	CHECK	REMARKS
1	Copy of Child's Birth Certificate		
2	Copies of Parent/s or Guardian/s NRIC		
3	Legal Guardianship Certificate		For Single / Foster Parent

TERMS AND CONDITIONS

ENROLMENT POLICY

- The Teacher to Student ratio is a maximum of 1:25 based on Ministry of Social & Family (MSF) requirement. Whee!Canopus Student Care reserves the right to accept or reject students in order to meet the minimum or maximum requirements. Eligibility of all applications will also be assessed by the school and the enrolment confirmation is subject to the school's approval.

PROGRAMME FEES

- Upon successful registration, the SCC fees payable are as follows:
 - One time non-refundable Registration Fee
 - One month Deposit Fee to offset for the last enrolment month
 - First full month Programme Fee
 - Uniform Fees of \$15.00 per T-shirt (non-refundable, non-exchangeable after wash)
- A student who ceases service for a one-month duration and re-joins Whee!Canopus thereafter, will be charged the abovementioned registration fee and treated as a newly enrolled student. No waiver will be applicable.
- The monthly fees will not be pro-rated, offset or refunded for any absence from the Student Care Centre. A full month fee is still required even if your child is absent for the month or during school holidays.

STUDENT CARE FINANCIAL ASSISTANCE (SCFA)

- The SCFA scheme provides a monthly fee assistance for eligible children. The qualifying criteria for parents who wish to seek financial assistance are as follows:
 - Both parents are working at least 56 hours per month
 - The total gross monthly household income is \$4,500 or less, or your total gross monthly household per capita income is \$1,125 or less
- All subsidy applications will be applied for a 2-year period and will require about 2 months to a maximum of 6 months to be processed and approved.
- It is mandatory for students under the SCFA scheme to attend 50% of the number days during the school term and 30% per month for June and December. If the attendance is not met, the student will not be granted the SCFA Subsidy and parents are liable to pay the full month fees.

OPERATIONAL ARRANGEMENTS

- Whee!Canopus reserves the right to change, cancel or reschedule the programme timetable, class size or teachers without prior notice.
- Whee!Canopus reserves the right to terminate our services of a student based on the following conditions:
 - In the event that the student commits severe misconducts that compromise the safety and well-being of all students and staff. Such misconducts may be in the form of verbal abuse, physical endangerment to self and others, uncooperative behaviour or attitude, and committing acts of theft or vandalism. This list is non-exhaustive.
- Whee!Canopus will not be held responsible for any injury incurred or sustained by a student during the course of his/her enrolment in the programme and its related activities. The SCC will exercise its due diligence to ensure that the safety procedures are adhered to before and while carrying out all activities.
- In the event of accidental injury, parents will be contacted immediately. If parents are deemed uncontactable, Whee!Canopus reserves the right to bring the student to a nearest clinic or call for an ambulance. All fees

incurred will be borne by the parent.

- Please refer to our Parent's Handbook for more details.

CONSENT FOR PRIVACY / PERSONAL DATA PROTECTION ACT (if applicable)

I hereby consent Wheel!Canopus Student Care to collect, use and disclose my personal data to our intermediary for the purpose of notifying and contacting me regarding the student care services, activities or programmes via calls, text message, post and email. I am aware that I may update the personal data and/or withdraw the consent provided by me at any time by contacting the Student Care Centre.

- I give consent to Wheel!Canopus Student Care, its affiliates and assignees (collectively referred to as Wheel!Canopus), to take, store, use photos and/or video recordings bearing the image and/or voice of my child for the purpose of marketing and information on the Company or Centre performance at their sole discretion. Wheel!Canopus does not need to ask me for further permission or compensate me or my child in any way.

APPLICANT'S CONSENT AND DECLARATION

- I declare that all information provided in this application is correct and true.
- Wheel!Canopus should be notified of any changes in the details given in this application.
- I accept that submission of inaccurate and/or incomplete information provided may result in my child's dismissal from the service or programme in the Centre.
- I've read, understood and agree to the Terms and Conditions.

Applicant's Signature: _____

Date: _____

FOR OFFICIAL USE ONLY

Mode of payment: BANK TRANSFER / PAYNOW

First Day of Attendance:

	Fee Payment	Amount Paid	Receipt No	Remarks
1	Registration Fee (Non - refundable)			
2	Deposit (Offset for last month)			
3	First Month Fee			
4	Uniforms			
	Total Amount Paid			

Processed By: _____

Signature: _____