



Kindly attach the following documents with the registration form:

1. A copy of child's Birth Certificate
2. Copies of both parents' NRIC
3. A copy of the Acceptance Letter given by school  
**[For P1 Intakes & School Transfer Cases]**

*Incomplete registration form will not be accepted and processed.*



## Whee!Canopus Student Care Centre @ Edgefield Primary School

# REGISTRATION FORM

INSTRUCTION: PLEASE COMPLETE THE FORM IN **BLOCK LETTERS**.

Student's Particulars		
Name of Student:	Class: (Year: _____)	
Birth Certificate No.:	Date of Birth:	Gender:
Address:		
Citizenship:	Race:	Religion:

Medical History of Student			
	YES	NO	Please specify if 'yes'
<b>1. Medical Conditions</b>			
a) Periodic Loss of Consciousness			
b) Heart Condition			
c) Ear Disorder			
d) Asthmatic Bronchitis			
e) Epileptic Fits			
f) Febrile Fits (Related to fever)			
g) Skin Disease			
h) Others (Please specify)			
<b>2. Allergies</b>			
Is your child allergic to any drugs, food or others?			

Other Conditions			
	YES	NO	Please specify if 'yes'
<b>Does your child have the following conditions that we should be aware of?</b>			
a) ADHD			
b) ADD			
c) Dyslexia			

d) Dyspraxia			
e) Autism			
f) Others (Hearing, Movement, Speech, Respiratory, etc) Please specify.			

### Emergency Contact (apart from Parent)

In case of emergency, please contact the following person(s):

Contact		
Name:		Relationship to child:
Telephone (Home):	Telephone (Mobile):	Telephone (Office):

Father's Particulars		
Father's Name:		NRIC No.:
Nationality:	Race:	Religion:
Telephone (Mobile):		Telephone (Home):
Occupation:	Marital Status (Delete Accordingly): Single, Married, Divorced, Widowed, Separated	
Office Telephone:	Email:	

Mother's Particulars		
Mother's Name:		NRIC No.:
Nationality:	Race:	Religion:
Telephone (Mobile):		Telephone (Home):
Occupation:	Marital Status (Delete Accordingly): Single, Married, Divorced, Widowed, Separated	
Office Telephone:	Email:	

The following person(s) (other than parents) will be allowed to fetch my child home:

Contact 1	
Name:	Relationship to child:
NRIC No.:	Telephone:

Contact 2	
Name:	Relationship to child:
NRIC No.:	Telephone:

### Declaration of Financial and Alternative Care Options (Incomplete forms will not be processed)

My child has the following alternative care options: (Please tick one)

- No access to other alternative care option
- Alternative care options available (such as but not limited to the following): (Please tick one)
  - Domestic helper
  - Grandparents
  - Guardians
  - Others: Please specify \_\_\_\_\_

### Reasons for Student Care Application

Please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Financial Assistance (Please tick if applicable)

- I wish to apply for the Student Care Financial Assistance (SCFA) Scheme. 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 Ministry of Social and Family Development's (MSF) approval. Upon successful application of financial assistance, reimbursement will be made accordingly to myself or to any account which I have designated.

*Please obtain a separate SCFA Application Form from the Centre.*

### Consent for Application

I declare that all information provided by me in this form is correct and true. I accept that any false information provided will result in my child having to give up the place in the Centre.

## Consent for Personal Data Protection Act

By submitting this form, I give my consent to Whee!Canopus Student Care Centre to collect, use and disclose my personal data to our intermediary for the purpose of notifying and contacting me regarding the student care activities 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.

## Permission to Use Photos and Video Recordings Bearing Images and Voice of Child

I, *(Parent's Name)* \_\_\_\_\_,  
*(NRIC No.)* \_\_\_\_\_ allow Whee!Canopus Student Care Centre, located at  
*(Name of School)* \_\_\_\_\_, its affiliates and assignees  
(collectively referred to as Whee!Canopus), to take, store and use photos and video recordings bearing the  
image and/or voice of my child, *(Child's Name)* \_\_\_\_\_,  
*(Child's BC No.)* \_\_\_\_\_ .

Whee!Canopus does not need to ask me for further permission or compensate me or my child in any way.

I allow for the above mentioned photos and video recordings to be:

- taken or recorded only during official activities and events conducted by Whee!Canopus,
- edited at the sole discretion of Whee!Canopus
- used in printed and/or electronic format, including but not limited to brochures and websites for the purpose of illustration and/or publicity to the public, and
- used for the duration that my child is at Whee!Canopus as well as when my child has withdrawn from or been terminated by Whee!Canopus.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## TERMS AND CONDITIONS

1. A student who ceases service for one-month duration and re-joins Wheel!Canopus will be charged the usual registration fee and treated as a new student enrolled.
2. Wheel!Canopus reserves the right to cancel a class or programme and make changes to the teacher, timetable and class size.
3. Wheel!Canopus will not be held responsible for any injury incurred or sustained by the student during the course of his/her enrolment in the programme and its related activities. We will however exercise due diligence to ensure the safety procedures are adhered to before and while carrying out our activities.
4. In the event of accidental injury, parents will be contacted immediately. However, if the parents are unreachable, the centre reserves the right to bring the child to a nearest clinic or call for an ambulance.
5. Wheel!Canopus is given the consent to contact the parent(s) for matters related to the services or programmes offered.
6. Please refer to our Parent's Handbook for more details.
7. **Wheel!Canopus should be notified of any changes in the details given above.**

For Official Use Only				
Date of Registration :		First Day of Attendance :		
Mode of payment: GIRO/NETS				
Fee Payment		Amount Paid	Receipt No	Remarks
1	Registration Fee (Non -refundable)			
2	Deposit (Offset for last month)			
3	First Month Fee			
4	Uniforms			
	<b>Total Amount Paid</b>			

Name of Staff: \_\_\_\_\_

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