



THE END OF EDUCATION IS CHARACTER

# SRI SATHYA SAI KINDERGARTEN

Block 716, #01-09, Pasir Ris Street 72, Singapore 510716 ,

Contact :65811979 FAX: 65-62225645

Registered from 2002

with Ministry of Education, Singapore S96SS0179

Operated by SATHYA SAI SEVA CENTRE, SINGAPORE

## Registration Form

**Full Name :** \_\_\_\_\_  
(underlined surname)

Receipt Num \_\_\_\_\_

### Class Selection

- Nursery  Kindergarten One  Kindergarten Two

### Language Selection

- Tamil  Hindi

### Gender

- Male  Female

### Session

- Am (8:30 am to 12:00 noon)  Pm (12:00 noon to 3:30 pm)

NRIC/ FIN Number	Date of Birth	Blood Type

Nationality	Place of Birth	Home Numbers

**Address** \_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact

Name	Relationship	Contact

### Additional Information

Medical History	Food Allergy

**Date of Joining** \_\_\_\_\_ **Fees paid** \_\_\_\_\_

**LOVE ALL, SERVE ALL - HELP EVER, HURT NEVER**

**Parents Contact**

<b>Father</b>		<b>Mother</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>FIN No/NRIC No</b>		<b>FIN No/NRIC No</b>	
<b>DOB</b>		<b>DOB</b>	
<b>Occupation</b>		<b>Occupation</b>	
<b>Email</b>		<b>Email</b>	
<b>Employer's Name &amp; Address</b>		<b>Employer's Name &amp; Address</b>	
<b>Telephone</b>		<b>Telephone</b>	

**Type**

Employment Pass       Permanent Resident       Singapore Citizen

Please note that only **Vegetarian Food** is allowed in the kindergarten.

**Statement of Parent/Guardian**

As the Parent/Guardian of the child, I will do my best to ensure that the child excels in skills and practices human values.

I certify that the information given herein is correct to the best of my knowledge.

**Signature of parent** \_\_\_\_\_

**Name of Parent** \_\_\_\_\_

**Fin Number/NRIC No:** \_\_\_\_\_

**Email** \_\_\_\_\_

*For Office Use*

<b>Documents Verified by</b>	<b>Signature</b>	<b>Date</b>
<b>Administrator</b>		
<b>Principal</b>		

**Documents verified using**

Digital copies       Physical copies

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