

SUPER TALENT STUDENT CARE @ BUKIT PANJANG APPLICATION CHECKLIST

NAME OF CHILD/WARD:	
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S/N	DESCRIPTION	RECV	NOT RECV	REMARKS
	FORMS			
1	APPLICATION FORM (Form 1)			
2	TERMS & CONDITIONS OF ACCEPTANCE (Form 2)			
3	MEDICAL HISTORY FORM (Form 3)			
4	TRANSPORT ARRANGEMENT (Form 4)			
5	INTERBANK GIRO FORM			
6	APPLICATION FOR SCFA GRANT (Separate form)			
	A COPY OF:			
1	PARENTS'/GUARDIANS' NRIC			
2	LASTEST 6 MONTHS PAYSIP(S) OF WORKING PARENT(S)/ GUARDIAN(S) *			
3	PARENTS' MARRIAGE/ DEATH / DIVORCE CERTIFICATE			
4	LETTER OF CUSTODY (IF ANY)			
5	CHILD'S BIRTH CERT			
6	CHILD'S STUDENT PASS			
7	LETTER OF ADMISSION (FOR P1 STUDENT ONLY)			
8	SCHOOL'S RESULTS			
9	HEALTH BOOKLET (MEDICAL INFORMATION)			
10	OTHERS:			

**only for application of SCFA Grant*

Received by:

Date

Name/Signature of staff



**SUPTER TALENT STUDENT CARE @ BUKIT PANJANG
APPLICATION FORM (FORM 1)**

<u>INSTRUCTIONS</u> 1. Please provide all the information requested. 2. Application must be attached with photocopied copies of documents supporting the application. 3. Please paste a recent passport-sized photograph of child on the space provided.				Paste photo here	
CHILD'S/ WARD'S PARTICULARS					
Name:				BCN:	
Date of Birth:		Gender: F / M*		Race:	
Address:				Contact No(Home)	
Citizenship: Singaporean / PR / Others*			Religion:		
Family Structure ☐ Nuclear Family ☐ Single Parent ☐ Extended Family ☐ Blended Family ☐ Multi-nuclear Family			House Type Rental / Own / Other* ☐ HDB 1 / 2 / 3 / 4 / 5 / Executive* ☐ Private ☐ Other: _____		
Name of Primary School:				Level & Class :	
MOTHER / GUARDIAN-1* PARTICULARS			FATHER / GUARDIAN-2* PARTICULARS		
Name:			Name:		
NRIC:			NRIC:		
Contact No(s) (HP) (Home)			Contact No(s) (HP) (Home)		
Email Address:			Email Address:		
HOUSEHOLD DATA (Include all members staying in the same house)					
Name	NRIC/BCN	Relationship	Age	Occupation	

*Delete where applicable

EMERGENCY CONTACT

Name	Relationship	Contact No (HP)	(Home)
Name	Relationship	Contact No (HP)	(Home)

OTHER INFORMATION

Has your child ever been cared for by any other party? Yes / No*
If Yes, please state the reason for the discontinuation.

Have you experienced difficulty caring for your child? Yes / No*
If Yes, please specify.

Is there any special care arrangement needed? Yes / No*
If Yes, please specify.

Are you a client of THK Family Service or any Family Service Centre? Yes/No*
If Yes, please specify

**Delete where applicable*

DECLARATION

I hereby declare that the information given by me in this Application Form is correct and true to the best of my knowledge.

I fully understand and accept that **SUPER TALENT STUDENT CARE @ BUKIT PANJANG** has the absolute right to reject any application without providing any reason whatsoever.

Name and Signature of Parent / Guardian*

Date

FOR OFFICIAL USE

Name of Child/Ward:	Name of Parent / Guardian:
Recommendation by SCC Principal	
☐ Accept ☐ Reject, reason: _____ ☐ Wait List	
If accepted, Recommended fee payment : _____ SCFA Grant : _____ FSC Subsidy : _____ Starting Date : _____	
_____ Name and Signature of Centre Principal	_____ Date



SUPER TALENT STUDENT CARE @ BUKIT PANJANG
Blk 141 Petir Road #01-270 Singapore 670141
Tel: 6767 1770 Email: stscbp@supertalent.com.sg

Terms and Conditions of Enrolment

(FORM 2)

Section 1: Indemnity

In consideration of the acceptance of the Enrolment for my child _____, BCN: _____, (hereinafter called "the Child/Ward") I, _____ (hereinafter called "the Parent/Guardian") intending to be legally bound, hereby for myself, my executors and administrators, waive and release any and all rights and claims for damages I may have against Super Talent Student Care @ Bukit Panjang (hereinafter called "the Centre") or its representatives or assignees for any and all damages which may be sustained by the Child in connection with the Child's association with the enrolment in the Centre, and which may arise out of the Child's travelling to, participating in or returning from the Centre.

Section 2: Medical Emergency

I, the Parent/Guardian authorize the Centre to seek medical or hospital attention for the child/ward in the event of an emergency when it is not possible to contact me.

I, the Parent/Guardian shall not hold the Centre responsible to send the Child/Ward to the doctor. If the Child/Ward requires such service, I shall be responsible for all expenses incurred for the service.

Section 3: Pictures/Testimonials/Recording/Video Release Agreement

I, the Parent/Guardian agreed to let the Child/Ward to be photographed and videotaped only for the purpose of assessment, staff training and parental awareness within the premise, workshop, outing, excursions and on the website of Super Talent Childcare Ltd/Super Talent Student Care Ltd.

I understand that the copyright and ownership of the photographs and video recordings belong to the Super Talent Childcare Ltd/Super Talent Student Care Ltd. These pictures/testimonial/recording/video will only be used for advertising and information materials produced by or with the authorization of Super Talent Childcare Ltd/Super Talent Student Care Ltd. The term “advertising and information materials” includes catalogues, brochures, magazines, posters, overhead pictures, multi slide presentations, banners, films, advertisements in print, radio, television, online or any other media. I undertake not to make any claim (monetary or otherwise) for the usage of the pictures/testimonial/recording/video by the Centre and Super Talent Childcare Ltd/Super Talent Student Care Ltd.

Section 4: Other Matters

I, the Parent/Guardian understand that it is my/our responsibility to have proper and sufficient medical supplies for the Child/Ward when travelling to, participating in or returning from the Centre.

I, the Parent/Guardian give permission for the Child/Ward to attend field trips and other outdoor activities outside of the Centre.

Section 5: Centre’s Policy And Parents’ Handbook

I, the Parent/Guardian have read/discussed the general policy in the Parents’ Handbook with the Centre Supervisor.

I, the Parent/Guardian understand that a month’s notice must be given on the first working day of the month upon withdrawal of the Child/Ward or the deposit will be forfeited.

I, the Parent/Guardian acknowledge receipt of the Parents’ Handbook. I, the Parent acknowledge and agree to abide by the conditions stated in this document and policy as stated in the Parents’ Handbook.

Name and Signature of Parent / Guardian*

Date

Name and Signature of Centre Principal

Date



Medical History (FORM 3)

Name of Child/Ward	Date of Birth	Height on Enrollment _____cm	Weight on Enrolment _____kg
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Past History of Diseases ☐ Chicken pox ☐ Mumps ☐ Measles ☐ Others (Please specify) _____	Date of Onset	Date of Recovery
Past Medical History ☐ Congenital Heart Disease ☐ Asthmatic Bronchitis ☐ Epileptic Fits ☐ Others (Please specify) _____	(Please give details)	
Physical Disabilities ☐ Speech ☐ Sight ☐ Hearing ☐ Movement ☐ Others (Please specify) _____	(Please give details)	
Does the child suffer from the following illness? ☐ Frequent colds ☐ Tonsillitis ☐ Ear aches ☐ Stomach aches ☐ Vomit easily ☐ High fever	(Please give details)	

Allergy Information a. Does the child have any allergy? b. Please state the agent that will cause the allergy c. Please describe how the allergy manifest itself	Yes / No*. If Yes, please answer (b), (c).
Other Information a. Has the child suffered from any serious accident? b. Does the child require special diet? c. Does the child have any significant medical history?	If Yes, please give details If Yes, please give details If Yes, please give details
Family Doctor's Name and Address 	

Name and Signature of Parent / Guardian*

Date



Transport Arrangement (FORM 4)

Name of Child/Ward		School:	
Approximate Time of Arrival		Approximate Time of Departure	
☐ To be brought in by parents/guardians ☐ Comes in by his/her own ☐ Comes in by school bus, Bus No: _____ Contact No: _____ ☐ Comes in by public transport ☐ To be brought in by centre's staff		☐ To be fetched by parents/guardians ☐ Leaves by his/her own ☐ Leaves by school bus, Bus No: _____ Contact No: _____ ☐ Leaves by public transport	
Declaration A. My child/ward as stated above, will report to the Centre daily except Saturday, Sunday and Public Holiday, according to the arrangements stated above. B. I understand that the Centre will not release my child from the centre without my consent. I will therefore personally inform the Centre if my child • will not be reporting to the Centre • is required to leave the Centre earlier • is required to report to the Centre later • will be brought in or fetched from the Centre by other relatives or friends C. Should my child/ward fail to observe the arrangement stated above or to report to the Centre, I will be responsible for locating my child.			

Name and Signature of Parent / Guardian*

Date

SUPER TALENT STUDENT CARE @ BUKIT PANJANG

APPLICATION FORM FOR INTERBANK GIRO

PART 1(A): FOR APPLICANT'S COMPLETION (PLEASE FILL IN ALL FIELDS. INCOMPLETE FORMS MAY NOT BE PROCESSED)

Date:	Name of Billing Organisation ("BO"): SUPER TALENT STUDENT CARE @ BUKIT PANJANG
To: My/Our Bank ("Bank")	BO's Customer Name (Name of Child):
BO's Customer Reference No. (Child's Birth Cert No.)	

PART 1(B): FOR APPLICANT'S COMPLETION (SPECIFIC INFORMATION REQUIRED BY BILLING ORGANISATION)

Payment limit (Maximum amount to be deducted per transaction): _____

Expiry date of this authorisation: _____

- (a) I/We hereby instruct the Bank to process the BO's instructions to debit my/our account.
- (b) The Bank is entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for so doing. The Bank may also, at its discretion, allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- (c) This authorisation will remain in force until terminated by the Bank's written notice sent to my/our address last known to the Bank; or upon receipt of my/our written revocation through the BO or upon receipt of the notice of expiry from the BO.
- (d) Amendments made on the form must be countersigned by applicant.

My/Our Name(s) as in Bank Account:	My/Our Contact (Tel / Mobile) No(s).
My/Our Account No:	My/Our Signature(s)/Thumbprint(s) (As in Financial Institution's records)

PART 2: FOR BILLING ORGANISATION'S COMPLETION

SWIFT BIC	BO's Account No.	BO's Customer Ref No. (Birth Cert No.)
OCBCSGSG		

SWIFT BIC	Account No. To Be Debited

PART 3: FOR FINANCIAL INSTITUTION'S COMPLETION

To: SUPER TALENT STUDENT CARE @ BUKIT PANJANG
141 Petir Road #01-270
Singapore 670141

This application is hereby REJECTED (please tick ☐) for the following reason(s):

- | | |
|--|--|
| ☐ Signature/Thumbprint* differs from bank's records
☐ Signature/Thumbprint* incomplete/unclear*
☐ Account operated by signature/thumbprint* | ☐ Wrong account number
☐ Amendments not countersigned by customer
☐ Others: |
|--|--|

_____ Name of Approving Officer	_____ Bank's Authorised Signatory	_____ Date
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**For thumbprints, please go to the branch with your identification. =Please delete where appropriate*