



Serial No.

Photo

## REGISTRATION FORM

### Child's Particulars

Name:	M / F
Birth Cert/FIN No:	Date of Birth:
Nationality:	Race:

### Family's Particulars

Father's Name:	D.O.B:
NRIC/FIN/Passport No. and Type:	Race:
Tel(Home/Office):	(Handphone):
Email:	Citizenship:

Mother's Name:	D.O.B:
NRIC/FIN/Passport No. and Type:	Race:
Tel(Home/Office):	(Handphone):
Email:	Citizenship:

Sibling's Name:	D.O.B:
	M/F
Sibling's Name:	D.O.B:
	M/F

Home Address:

Correspondence Address (if different):

### Authorised Persons

Name (1):	Relationship:	M / F
NRIC/FIN/Passport No.:		
Name (2):	Relationship:	M / F
NRIC/FIN/Passport No.:		
Name (3):	Relationship:	M / F
NRIC/FIN/Passport No.:		
Name (4):	Relationship:	M / F
NRIC/FIN/Passport No.:		
Name (5):	Relationship:	M / F
NRIC/FIN/Passport No.:		

Medical Information	
Child's Doctor:	Tel:
Clinic's Address:	
Health Information/Medical History:	

am the parent/guardian of the above named child and certify that all information provided above is to the best of my knowledge. I hereby agree to keep Babies Inc. Montessori Pte Ltd, its staff, servants, or agents fully and completely indemnified from and against all and any penalties, claims, demands, actions and proceedings, loss and expenses including legal costs and all other liabilities of whatever nature or description which may be made, taken, incurred or suffered by Babies Inc. Montessori Pte Ltd, its staff, servants, or agents, which Babies Inc. Montessori Pte Ltd, its staff, servants or agents may incur vicariously, personally or jointly or severally in respect of any damage, injury or loss whatsoever which the above named child may suffer arising out of any act or omission of Babies Inc. Montessori Pte Ltd, its staff, servants of agents during the time that the above named child attends Babies Inc. Montessori Pte Ltd.

I hereby authorize the staff of Babies Inc. Montessori Pte Ltd, or any other of its representatives, in the case of emergency ( the staff having first been unable to contact me or my spouse ) to take my child to any doctor, or hospital as deemed necessary. I further authorize the staff of Babies Inc. Montessori Pte Ltd, or any other of its representatives to administer such medicine as may be prescribed by the doctor or as may be specifically authorized by me.

**I have received and read the Parent's Handbook given to me on or before this date and agreed to abide by the rules stated therein.** I have also been informed of the charges of the school and agree to the same.

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

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

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