

**GALILEE KINDERGARTEN**  
**202 Pandan Gardens, Singapore 609338**

Birth Cert No: \_\_\_\_\_

Date \_\_\_\_\_

**REGISTRATION FOR ADMISSION**

| Child's Particulars  |                        |                                     |
|--|------------------------|-------------------------------------|
| Name   | Sex                    |                                     |
| Name in Chinese characters (if applicable)   |                        |                                     |
| Address  |                        |                                     |
| Date of Birth  | Country of Birth       |                                     |
| Nationality  | Race                   | Dialect group                       |
| Languages/dialects spoken at home  |                        |                                     |
| <b>Special notes about your child/ward</b><br>Any food allergies, fears, precautions or instructions for teacher to take note: |                        |                                     |
| Father's/Guardian's Particulars  |                        |                                     |
| Name   | Occupation             |                                     |
| email  |                        |                                     |
| Tel (home)   | Handphone              | Tel (office)                        |
| Nationality/citizenship  |                        | Race                                |
| Religion   | Member of which Church |                                     |
| Mother's Particulars   |                        |                                     |
| Name   | Occupation             |                                     |
| Handphone  | Tel (office)           |                                     |
| Nationality/citizenship  |                        | Race                                |
| Religion   | Member of which Church |                                     |
| Name of another responsible adult  |                        |                                     |
| Relationship   | Tel (home)             | Handphone                           |
| Class:   |                        |                                     |
| Session  | [     ]                | 08.30 am - 11.30 am (first session) |
|  | [     ]                | 11.35 am - 2.35 pm (second session) |
|  | [     ]                | Pls acknowledge receipt of handbook |

Dear Parents/Guardian

To assist us in identifying children with respiratory disorders, kindly supply the following information regarding your child for our records. Thank you.

Mrs Maureen Teo  
Principal

Special notes about your child/ward

Does your child have the following:

Asthma

Heart problems

Respiratory disorders

Skin problems

Other serious medical problems

Please clarify:

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