

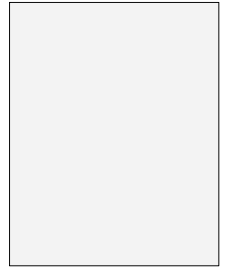


# ShineKidz@Punggol

...where kids shine

(A ministry of Gospel Light Christian Church)  
39 Punggol Field Walk  
Singapore 828753

## MEMBERSHIP APPLICATION FORM



### STUDENT'S PARTICULARS

Name (as in Birth Certificate) :		Name in Chinese Character :		Gender :
				M / F *
Birth Certificate No. :	Nationality :	Country of Birth :	Date of Birth	
Age :	Ethnic Group :	Home Telephone No. :	Home Address :	

### STUDENT'S SCHOOL DETAILS

Name of School :	School's Contact No. :	Level :	Class :	School CCA (if any) :
Day/ Time of CCA :	Name of Form Teacher(s):			General Office Contact No. :

### PARENTS' PARTICULARS

Father		Mother	
Name :	NRIC :	Name :	NRIC :
Mobile No. :	Email Address. :	Mobile No. :	Email Address. :

### AUTHORIZED PICK-UP PERSONNEL

Name :	Gender :	Name :	Gender :
	M / F *		M / F *
NRIC :	Relationship to Applicant :	NRIC :	Relationship to Applicant :

### EMERGENCY CONTACT

Name :	Relationship to Applicant :	Mobile No. :	Office No. :

### SIBLINGS' PARTICULARS

Name :	Gender :	Name :	Gender :
	M / F *		M / F *
Age :	Date of Birth :	Occupation :	Age :

\* Please delete as appropriate

## APPLICANT'S HEALTH & MEDICAL RECORDS

Does your child suffer from :

a. Drug allergy ? Yes / No

If Yes, kindly specify : \_\_\_\_\_

b. Food allergy ? Yes / No

If yes, kindly specify \_\_\_\_\_

Does your child have any medical condition ? Yes / No

If yes, please specify \_\_\_\_\_

## OTHER APPLICANT INFORMATION

Please provide us with any other information about your child that may be relevant during his/her stay in the Kids Club.

\_\_\_\_\_  
\_\_\_\_\_

## DECLARATION & AUTHORIZATION

I, \_\_\_\_\_ (Name of Parent), NRIC No. \_\_\_\_\_, Father/ Mother/ Legal Guardian\*

of \_\_\_\_\_ (Name of Applicant), hereby

- 1 ) declare to the best of my knowledge that all information provided in this application form is true and complete.
  - 2 ) give consent for my child to participate in all activities conducted by ShineKidz as long as he/she\* is enrolled with us.
  - 3 ) give ShineKidz the permission to use,edit and upload the pictures and/or videos (of my child) taken during all activities, excursions, performances and camps.
  - 4 ) understand that ShineKidz, its staff and/or volunteers will not be held responsible for any accidents, injuries or mishaps that might occur, including personal injuries and/or loss of personal belongings caused by the negligence of my child.
  - 5 ) authorise ShineKidz to seek appropriate medical consultation and/or treatment as required by the circumstances.  
I am agreeable to reimburse the expenses incurred.
  - 6 ) understand and agree to pay a latecomer penalty of \$10 every 15 minutes should the authorised caregiver fetch the child and/or arrive after operational hours (7PM).
  - 7 ) understand and agree to pay a penalty \$20, if the monthly fees for ShineKidz are not paid **by the 5th of each month**.
  - 8 ) understand and agree that ShineKidz reserves the right to reject my application for my child without disclosing any reason.
  - 9 ) understand and agree that failure to serve 1 month notice for withdrawals will result in the forfeit of a 1 month deposit
  - 10) understand and agree that withdrawal before commencement date will result in the forfeit of the **FIRST month fee (Sign)**
  - 11) will ensure that my child clears his/her\* locker and/or cubby shelf and all other belongings within 2 weeks.
- I acknowledge that ShineKidz reserves the right to dispose of all unclaimed items 2 weeks from the date of withdrawal.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\* Please delete as appropriate

## ATTACHMENTS

Kindly attach the following documents together with the membership application form :

- 1) Photocopy of Applicant's Birth Certificate
- 2) One recent passport-sized photo of Applicant
- 3) One recent passport-sized photo of Father
- 4) One recent passport-sized photo of Mother
- 5) One recent passport-sized photo of Guardian/ Authorized Pick-up Personnel (where applicable)
- 6) Photocopy of both parents' NRIC
- 7) Photocopy of Guardian/ Authorized Pick-up Personnel's NRIC (where applicable)
- 8) Applicant's latest Medical Record

## FOR OFFICIAL USE

Date of Registration : \_\_\_\_\_  
Date of Enrolment : \_\_\_\_\_  
Registration Fee : \_\_\_\_\_  
Deposit Amount : \_\_\_\_\_

Processed by : \_\_\_\_\_  
Name of Staff : \_\_\_\_\_  
Date : \_\_\_\_\_