

Registration Form

Super **W**onder **K**id **P**rogram (S.W.K.P)

COURSE PARTICULARS

Branch Location :		Day (s) :						
Kovan	<input type="checkbox"/>	Enterprise One	<input type="checkbox"/>	Please tick (✓)				
Tampines	<input type="checkbox"/>	Pasir Ris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choa Chu Kang	<input type="checkbox"/>	Woodlands	<input type="checkbox"/>	Monday	Tuesday	Wednesday	Thursday	Friday
Pre - School Level :		S.W.K.P Session / Time :						
Explorers	<input type="checkbox"/>	Challengers	<input type="checkbox"/>	1st Session	/ 08.30am to 11.30am	<input type="checkbox"/>		
Kinder Juniors	<input type="checkbox"/>	Kinder Graduates	<input type="checkbox"/>	2nd Session	/ 12.00pm to 03.00pm	<input type="checkbox"/>		

STUDENT'S PARTICULARS

Full Name	Home Address
Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	Postal Code <input type="text"/>
NRIC No : <input type="text"/>	<u>Contact Numbers</u>
Date of Birth : <input type="text"/>	Home : <input type="text"/>
Race : Malay / Chinese / Indian / Others	Father's Mobile : <input type="text"/>
Nationality : _____	Mother's Mobile : <input type="text"/>
	Office : <input type="text"/>
	In Case of Emergency, contact :
	Contact No. : <input type="text"/>
	Relationship To The Child : _____

FOR OFFICIAL USE ONLY :

Date Joined : <input type="text"/>	All document received upon registration:
Remarks : _____	A copy of child's birth certificate <input type="checkbox"/>
	A copy of parents NRIC <input type="checkbox"/>
	Any other document(s) : (Please state) _____

HANIS Learning Centre Pte Ltd

PARENT'S PARTICULARS

Mother's Full Name

NRIC No :

Date of Birth :

Race : Malay / Chinese / Indian / Others

Nationality :

Qualification :

Occupation :

Father's Full Name

NRIC No :

Date of Birth :

Race : Malay / Chinese / Indian / Others

Nationality :

Qualification :

Occupation :

PARENT'S EMAIL ADDRESS

Father's Email Address :

Mother's Email Address :

Other Email Address :

TRANSPORT SERVICE

Transport Required ?

Yes

No

Pick Up / Drop Off Location :

Transporter's In Charge :

Transporter's Contact Number :

Transport Pick Up Time :

Transport Drop Off Time :

I agree to pay the fees promptly, material fees on a yearly basis and I understand that the June, December and material fees will not be refunded in the event that I wish to withdraw my child. I will give one month written notice to **HANIS** Montessori Kindergarten and I declare that all the particulars given above are true.

Name Of Applicant

Relationship To Child

Signature

Date Of Registration

***** Education is not received. It is achieved. *****