

# REGISTRATION FORM

## COURSE PARTICULARS

<p><b>Course Title</b> Ace Kids Program Level 1</p> <p><b>Branch Location</b> Kovan / Telok Kurau / Tampines Pasir Ris / Choa Chu Kang</p>	<p><b>Pre-School Level</b> Kinder 1</p> <p><b>Day of Class</b> : Saturday</p> <p><b>Class /Time</b></p> <p>Class 1 / 9.00am to 10.30am <input type="checkbox"/></p> <p>Class 2 / 10.30am to 12.00pm <input type="checkbox"/></p>
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## STUDENT'S PARTICULARS

<p><b>Full Name</b> _____</p> <p><b>Gender</b> : <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><b>NRIC No</b> :</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p><b>Date of Birth</b> : <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/></p> <p><b>Race</b> : Malay / Chinese / Indian / Others</p> <p><b>Nationality</b> : _____</p>	<p><b>Home Address</b> _____ _____</p> <p><b>Postal Code</b> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p><b>Contact Numbers</b></p> <p><b>Home</b> : <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p><b>Father's Mobile</b> : <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p><b>Mother's Mobile</b> : <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p><b>Office</b> : <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p><b>In Case of Emergency, contact</b> : _____</p>
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**Date Joined** :

I agree and declare that all the particulars above are true.

\_\_\_\_\_  
Signature of Applicant  
Parent / Guardian

\_\_\_\_\_  
Date of Registration

**PARENTS' 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 :** \_\_\_\_\_

**PARENTS EMAIL ADDRESSES**

**Father's Email Address :** \_\_\_\_\_

**Mother's Email Address :** \_\_\_\_\_

**Other Email Address :** \_\_\_\_\_

**I agree and declare that all the particulars above are true.**

\_\_\_\_\_  
**Signature of Applicant  
Parent / Guardian**

\_\_\_\_\_  
**Date of Registration**