

REGISTRATION FORM

COURSE PARTICULARS

<p>Course Title Super Wonder Kid Program (S.W.K.P)</p> <p>Branch Location Kovan / Telok Kurau / Tampines Pasir Ris / Choa Chu Kang</p> <p>Pre-School Level Explorers / Challengers / Kinder 1 / Kinder 2</p>	<p>Day :</p> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>Mon</td> <td>Tue</td> <td>Wed</td> <td>Thur</td> <td>Fri</td> <td>Sat</td> <td>Sun</td> </tr> </table> <p>S.W.K.P Session /Time</p> <p>1st Session / 08.30am to 11.30am <input style="float: right;" type="checkbox"/></p> <p>2nd Session / 12.00pm to 03.00pm <input style="float: right;" type="checkbox"/></p>								Mon	Tue	Wed	Thur	Fri	Sat	Sun
Mon	Tue	Wed	Thur	Fri	Sat	Sun									

STUDENT'S PARTICULARS

<p>Full Name _____</p> <p>Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>NRIC No : <input type="checkbox"/> <input style="width: 100px;" type="text"/> <input type="checkbox"/></p> <p>Date of Birth : <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/></p> <p>Race : Malay / Chinese / Indian / Others</p> <p>Nationality : _____</p>	<p>Home Address _____ _____</p> <p>Postal Code <input style="width: 60px;" type="text"/></p> <p>Contact Numbers</p> <p>Home : <input style="width: 100px;" type="text"/></p> <p>Father's Mobile : <input style="width: 100px;" type="text"/></p> <p>Mother's Mobile : <input style="width: 100px;" type="text"/></p> <p>Office : <input style="width: 100px;" type="text"/></p> <p>In Case of Emergency, contact : _____</p>
--	--

Date Joined :

Transport : _____

Transporter's Name

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

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.
I have read and agreed upon all term and conditions from the school.**

**Signature of Applicant
Parent / Guardian**

Date of Registration