

**MERCU STUDENT CARE CENTRE @ NORTHOAKS PRIMARY  
REGISTRATION FORM**

INSTRUCTION: PLEASE COMPLETE THE FORM IN **BLOCK LETTERS**.

DATE OF REGISTRATION : \_\_\_\_\_

CLASS : \_\_\_\_\_

**CHILD'S PARTICULARS**

Name : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone : \_\_\_\_\_ Email : \_\_\_\_\_

Birth Certificate No. : \_\_\_\_\_ Place of Birth : \_\_\_\_\_

Citizenship : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Race : \_\_\_\_\_ Gender : \* Female / Male

Your preferred mode of communication: \* Telephone / WhatsApp and SMS / Email

Child is to be fetched by : \* Mother / Father / Grandparent / Others \_\_\_\_\_

In case of emergency, call : \_\_\_\_\_ Tel: \_\_\_\_\_

**MEDICAL HISTORY OF CHILD**

- 1
- a) Asthmatic Bronchitis : \* Yes / No
  - b) Epileptic Fits : \* Yes / No
  - c) Febrile Fits (related to fever) : \* Yes / No
  - d) Skin Disease : \* Yes / No
  - e) Others (please specify) \_\_\_\_\_

- 2 Is your child allergic to any drugs, food or others? \* Yes / No

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

**OTHER CONDITIONS**

Does your child have the following conditions that we should be aware of?

- a) ADHD \* Yes / No
- b) ADD \* Yes / No
- c) Dyslexia \* Yes / No
- d) Dyspraxia \* Yes / No
- e) Autism \* Yes / No
- f) Others (Hearing, Movement, Speech, Sight, Respiratory etc.)  
Please specify: \_\_\_\_\_

**PARENTS' / GUARDIAN'S PARTICULARS**

<b>PARTICULARS</b>	<b>* MOTHER / GUARDIAN</b>	<b>* FATHER / GUARDIAN</b>
Name		
Age / Date of Birth		
NRIC / Passport No.		
Nationality / Race		
Occupation		
Name of Employer		
Office Tel. / Handphone No.		
Email Address		
Gross Monthly Income		

**FINANCIAL ASSISTANCE (Please tick if applicable)**

I wish to apply for the Student Care Financial Assistance (SCFA) Scheme. I acknowledge that my application and subsidy quantum are subject to Ministry of Social and Family Development's (MSF) approval.

I, \_\_\_\_\_ (name), hereby agree to the following terms:

- I certify that all the details given above are true and where it is not my personal data, I have the consent of the owner of such personal data to provide such information.
- I will not hold MERCU Learning Point Pte Ltd responsible for any injury incurred or sustained by my \* child / ward during the course of his / her enrolment in the programme and its related activities.
- I agree to abide by the centre's rules and regulations and understand that they are subject to change.
- I also acknowledge and accept the fee payment terms and conditions stated in the Parents' Handbook.
- I give my consent to MERCU Learning Point Pte Ltd to contact me for matters related to the services and programmes offered.
- I give my consent to allow photos / videos of my \* child / ward to be published in the newsletters, marketing collaterals and online social media for the purpose of showcasing and promoting programmes by MERCU Learning Point Pte Ltd.

**Note: The Centre should be notified of any change in the details given above.**

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

\_\_\_\_\_  
Date

**\* PLEASE DELETE WHERE APPLICABLE**

**FOR OFFICIAL USE**

<i>Description</i>	<i>Amount Paid</i>	<i>Receipt No.</i>	<i>Not Paid</i>	<i>Waived</i>	<i>Eligible for Start-up Grant</i>
<input type="checkbox"/> Registration Fee	\$				
<input type="checkbox"/> 1 <sup>st</sup> Month Fee	\$				
<input type="checkbox"/> Material Fee (Sem 1 / Sem 2)	\$				
<input type="checkbox"/> Deposit	\$				
<input type="checkbox"/> T-Shirt	\$				

Registration taken by:

\_\_\_\_\_  
Name & Signature of Staff

Date: \_\_\_\_\_

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