



# SONSHINE CHILDCARE CENTRE

(A Community Service of Good News Community Services)

Blk 211 Bukit Batok St. 21 #01-252, Singapore 650211 | Tel: 6565 0844

Email: [sonshinecc@goodnews.org.sg](mailto:sonshinecc@goodnews.org.sg) | Website: [www.scc.goodnews.org.sg](http://www.scc.goodnews.org.sg)

## CHILD ENROLMENT FORM

### Documents Required

- 1) ECDA Form 1 (Application for Admission to Child Care Centre)
- 2) Copy of the child's birth certificate
- 3) Copy of child's passport / visit pass / dependant's pass / student pass (for non-Singapore citizen)
- 4) Copy of both parents' identity cards (front and back)
- 5) Letter of employment
  - a. Confirming employment status and designation of mother or single father
  - b. Please declare number of working hours per month
- 6) Child's Medical Book
  - a. Child's birth record and particulars
  - b. Immunization records
- 7) Medical report certifying child's fitness for childcare programme

1. CHILD'S PARTICULARS		
Name		Please provide photo here
Address		
2. PARTICULARS OF PERSON(S) FETCHING CHILD FROM CENTRE		
Name		Please provide photo here
Relationship		
NRIC No.		
Address		
Tel No. (Mobile)		
Tel No. (Home)		
Tel No. (Office)		
Name		Please provide photo here
Relationship		
NRIC No.		
Address		
Tel No. (Mobile)		
Tel No. (Home)		
Tel No. (Office)		
Name		Please provide photo here
Relationship		
NRIC No.		
Address		
Tel No. (Mobile)		
Tel No. (Home)		
Tel No. (Office)		
Name		Please provide photo here
Relationship		
NRIC No.		
Address		
Tel No. (Mobile)		
Tel No. (Home)		
Tel No. (Office)		

**3. TELL US ABOUT YOUR CHILD**

**Thank you for taking the time to complete this profile. The information that you provide will help us understand your child better so that we can meet his/her individual needs.**

Child's Nickname	
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**3a) Social Habits**

Is this your child's first separation from you?	Yes	No
Has your child had group experiences before?	Yes	No
Does your child make friends easily?	Yes	No

Does your child tend to play alone or with others?

Favourite toys, games, activities?

How does your child express his feelings, like anger or frustration?

Does your child have any fears? If yes, please specify

Please explain and how we can comfort or help him/her.

Is there anything you would like us to know?

**3b) Eating Habits**

Any food allergy or reaction? If Yes, please specify	Yes	No
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What time does your child eat:

- Breakfast:
- Lunch:
- Milk Feeds:
- Snacks:

Does your child feed himself / herself?	Yes	No
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Child drinks from a (please circle): Bottle / Sipper cup / Regular cup

Favourite food:

Food that your child dislikes:

General eating habits and attitude toward mealtime:

<b>3c) Toileting Habits</b>		
Is your child toilet trained?	Yes	No
Is your child able to tell you when she/he needs to use the toilet?	Yes	No
Can your child use the toilet independently?	Yes	No
Does your child wet the bed at naptime?	Yes	No
What words does your child use when she/he needs the toilet?		
<b>3d) Sleeping Habits</b>		
Does your child (pls tick one or more):		
<input type="radio"/> Sleep alone <input type="radio"/> Sleep with siblings <input type="radio"/> Sleep with parents / grandparents <input type="radio"/> Sleep with others		
Does your child's bedtimes and waking times vary?	Yes	No
At night, she/he usually sleeps from _____pm to _____am		
Does your child nap?	Yes	No
Attitude towards going to bed / nap:		
Any bedtime routine / habits that you'd like us to know?		
<b>3e) Family</b>		
<b>Parents are encouraged to participate in their child's experiences. There are ways you can contribute to our programme, such as sharing an interest and skill, your culture and traditions, career and hobbies, taking responsibility for the repair of toys and equipment, assisting with field trips or any other ways you would like to get involved.</b>		
Primary language spoken at home		
Religion		
Any allergies, special needs or developmental (delayed or advanced) concerns (diagnosed or suspected)?		
Are there any special family situations? (such as custody, guardianship, etc)		
Are there any talents you would like to share with the children?		

Would you like to volunteer in any way?

Do you anticipate any adjustment problem?

Name of Family doctor?

**3d) Sign Off**

\_\_\_\_\_  
Name of Father / Mother / Guardian

\_\_\_\_\_  
Signature and Date

**Read & Acknowledged by teachers in charge of class.**

\_\_\_\_\_  
Name of Teacher

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Name of Teacher

\_\_\_\_\_  
Signature and Date

**4. ENROLMENT FORM FOR GROUP STUDENT PROTECTION PLAN**

**HOW TO ENROL:**

- Simply complete the form
- Sign and date it

To: ACE Insurance Limited  
Singapore

Thru: Sonshine Childcare Centre

**GROUP STUDENT PROTECTION PLAN**

I wish to insure my child under the above plan.

Student's name: \_\_\_\_\_  
*(Please write your name clearly in BLOCK letters)*

Class: \_\_\_\_\_ ( Full Day / Half Day AM / Half Day PM )

Alias / Hanyu Pinyin Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male / Female

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

Tel No: \_\_\_\_\_(Hp) \_\_\_\_\_(Res) \_\_\_\_\_(Off)

\_\_\_\_\_  
Signature of Father / Mother / Guardian

\_\_\_\_\_  
Date

**5. STATEMENT OF CONSENT AND DECLARATION**

I, Mr / Mrs \_\_\_\_\_ of NRIC No. \_\_\_\_\_

residing at \_\_\_\_\_

being the lawful parent / guardian of \_\_\_\_\_

hereby:

- Consent to allow my son / daughter / ward to participate in all activities conducted by Sonshine Childcare Centre including sports, outing etc. during the period the above said child attends the Childcare Centre. I understand that every precaution will be taken to ensure safety and I will not hold Sonshine Childcare Centre responsible for any injuries that may be sustained during the programmes. If a child is taken ill while at the Childcare Centre, the staff will inform the parent immediately. In the event that the parents of the child cannot be contacted, the child will be brought to the nearest available clinic and any expenses will be borne by the parents. Parents should keep the sick child at home until the child is certified fit to return to the Childcare Centre by the doctor.
- Consent for Sonshine Childcare Centre to take any photos and/or videos of me or my child during classroom activities, routines, outings, field trips and school events to be used in Sonshine’s advertising tools such as magazines, posters, newsletters, flyers, brochures, websites, portals or social media.
- Declare that the attached particulars’ form has been completed by me and that to the best of knowledge the particulars furnished therein are true and correct.
- Undertake to inform Sonshine Childcare Centre in writing within 14 days of any changes in :
  - (a) Occupation / Employer
  - (b) Address
  - (c) Child’s Medical Report
  - (d) Resignation from workforce
- ✓ I have read and understood the contents as stipulated in the Handbook and agreed to abide by such rules as regulated by Sonshine Childcare Centre.
- ✓ I have been given a copy of the ECDA Guide for Parents with Children in Childcare Centres.

\_\_\_\_\_  
Signature of Father / Mother / Guardian

\_\_\_\_\_  
Date

**6. MEDICAL REPORT**

To

Principal  
Sonshine Childcare Centre  
Block 211 Bukit Batok Street 21 #01-252  
Singapore 650211

**MEDICAL REPORT**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Birth Certificate No: \_\_\_\_\_

**Clinical Examination**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Nervous System: Any past history of epileptic fits:

Power: \_\_\_\_\_ Tone: \_\_\_\_\_ Reflexes: \_\_\_\_\_

Sensation: \_\_\_\_\_ Gait: \_\_\_\_\_

Visual Acuity: \_\_\_\_\_

Squints: Yes / No\*

Cardiovascular system: Pulse rate \_\_\_\_\_ Rhythm \_\_\_\_\_ Heart Sound \_\_\_\_\_

Any Congenital Heart Conditions? Yes / No\*                      Any Murmurs? Yes / No\*

Respiratory System: Chest \_\_\_\_\_ Asthma \_\_\_\_\_

Musculi Skeletal System: \_\_\_\_\_

Urinary System: \_\_\_\_\_

Any other abnormalities? \_\_\_\_\_

Remarks and recommendation: \_\_\_\_\_  
\_\_\_\_\_

I have examined the child named as above, and believe that the child is / is not\* medically fit to participate in the childcare program.

\_\_\_\_\_  
Doctor's Signature & Stamp

\_\_\_\_\_  
Date

\*Delete where appropriate