



**UCSI Preschool Centre Bandar Springhill**

No.1 Persiaran UCSI, Bandar Springhill

71010 Port Dickson, Negeri Sembilan

**Tel: 06-653 6888; Fax: 06-653 6999**

**Our Commitment. Their Future**

*Please affix your  
child's photo here*

## Enrolment Form

### Child's Particulars

Name: \_\_\_\_\_ Sex: Male / Female Race: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

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

Contact telephone no: (1) \_\_\_\_\_ (2) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Additional Information:

Language/Dialect spoken at home:

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Eating habits: ( ) Good ( ) Average ( ) Poor

Comments (e.g. favourite food or dislike food) \_\_\_\_\_

Toilet habits: ( ) Well established ( ) Introductory stage

Child's special interests (e.g. music, computer & etc) \_\_\_\_\_

Child's fears (e.g. dark, thunder, animal etc) \_\_\_\_\_

Behavior pattern (e.g. active, reserve, shy etc) \_\_\_\_\_

Previous kindergarten/child care

Name of centre

Period of time

1) \_\_\_\_\_

2) \_\_\_\_\_

**Emergency Contacts**

In case of emergency, please indicate the person to contact:

	<u>Name</u>	<u>Relationship</u>	<u>Contact</u>
1)	_____	_____	_____
2)	_____	_____	_____

**Medical/Health Records**

Special health problems: \_\_\_\_\_

Disabilities: \_\_\_\_\_

List of allergies: \_\_\_\_\_

Any previous injuries/accidents: \_\_\_\_\_

Others: \_\_\_\_\_

**Child's Family Details**

Father's name: \_\_\_\_\_ Phone (off) \_\_\_\_\_

Occupation: \_\_\_\_\_ H/P: \_\_\_\_\_

Employer's name & address: \_\_\_\_\_  
\_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone (off) \_\_\_\_\_

Occupation: \_\_\_\_\_ H/P: \_\_\_\_\_

Employer's name & address: \_\_\_\_\_  
\_\_\_\_\_

Siblings' names

1) \_\_\_\_\_ Age: \_\_\_\_\_ 4) \_\_\_\_\_ Age: \_\_\_\_\_

2) \_\_\_\_\_ Age: \_\_\_\_\_ 5) \_\_\_\_\_ Age: \_\_\_\_\_

3) \_\_\_\_\_ Age: \_\_\_\_\_ 6) \_\_\_\_\_ Age: \_\_\_\_\_

Other persons in the household:

	<u>Name</u>	<u>Relationship</u>
1)	_____	_____
2)	_____	_____
3)	_____	_____

**Transport**

Mode of transport: (        ) Private        (        ) School Bus        (        ) Internal Shuttle

**Security Measures**

Person/s who will send and pick up the child:

**Person 1**

**Person 2**

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

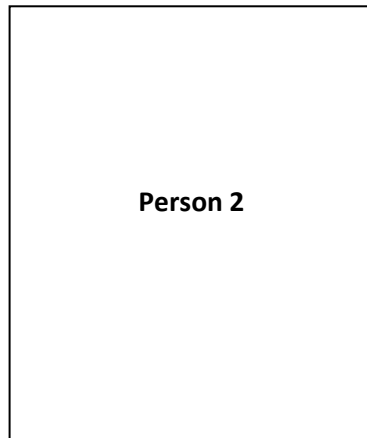
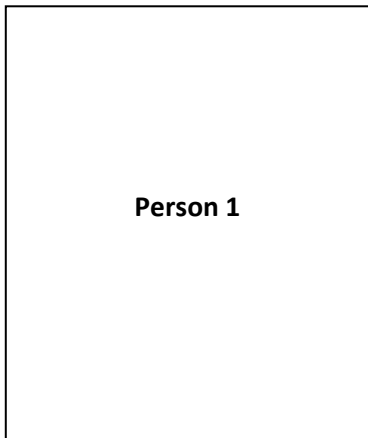
Relationship to the child: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Model of vehicle: \_\_\_\_\_

Registration No.: \_\_\_\_\_

Please enclose photograph/s of the person/s



**AGREEMENT TO BE BOUND AND ABIDED**

**EMERGENCY ACTION**

In the event of an accident or illness requiring emergency medical treatment, I hereby give permission to the staff at UCSI Preschool Centre to seek emergency medical treatment for my child at any private/government hospital that is appropriate in the said situation taking into account the said nature of the emergency.

I also agree that I will be liable for any expenses relating to my child's medical treatment. I also hereby agree that I or any other next-of-kin to my child will not hold UCSI-CDC, its staff, employees, associates or other relevant connected people responsible or liable in respect of any untoward accident or incident that arises as a result of the said emergency.

Signed:

Date:

Name:

NRIC/Passport:

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**Publicity**

I hereby give my consent to my child's photograph/image (eg. video footage) and first name to be used for publicity of UCSI Preschool Centre and under UCSI Preschool Centre's policy to maintain strict privacy and confidentiality of the same.

Signed:

Date:

Name:

NRIC/Passport:

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**Refund Policies and Procedures – Financial Matters**

I hereby agree that the registration fee paid is **NON REFUNDABLE**. I also hereby agree that UCSI Preschool Centre will not refund any fees paid, with the exception of the student deposit. However, this is provided that no rules or regulations have been breached.

I hereby agree that in the event of graduation or in the event of withdrawal the respective forms must be submitted within a minimum of 1 semester from the event for refundable deposits. I hereby agree that in the event that I fail to settle the fees in accordance to the respective due date, I shall be liable to pay the late payment charges that shall be levied accordingly by UCSI Preschool Centre

I also agree that UCSI Preschool Centre hereby reserves the right to alter, change, amend any of the aforementioned rules, regulations and terms and only current and approved of the same shall be applicable, this shall also include any fees that is payable.

Signed:

Date:

Name:

NRIC/Passport:

UCSI-CDC/Regform