



**Raffles Student Care Centre LLP**  
 Frontier Primary School  
 20 Jurong West Street 61  
 Singapore 648200  
<http://www.facebook.com/RafflesStudentCare>  
 Email: [admin@rafflesstudentcare.com](mailto:admin@rafflesstudentcare.com)

## FRONTIER PRIMARY SCHOOL SCHOOL CARE STUDENT REGISTRATION FORM

Mother's Particulars	Father's Particulars
Mother's Name*:	Father's Name*:
NRIC No:	NRIC No:
Current Job Title:	Current Job Title:
Employer:	Employer:
Tel (HP) : (O) :                      (H)	Tel (HP) : (O) :                      (H)
Address:	
Languages Spoken: (1) (2) (3) (4)	Languages Spoken: (1) (2) (3) (4)

Nationality of Child (Please circle 1)	Singaporean	Singapore PR	International Student
Do you have another child currently in Student Care Centre at Frontier Primary School?			Yes / No
Would you like to apply for the MSF Student Care Financial Assistance (SCFA) meant to assist families with Household Incomes (HHI) <\$4000 (for 4 or less family members), or Per Capita Income (PCI) <\$1000 (for 5 or more family members)?			Yes / No
<i>Please refer to <a href="https://www.msf.gov.sg/Comcare/Pages/ComCare-Student-Care-Subsidies.aspx">https://www.msf.gov.sg/Comcare/Pages/ComCare-Student-Care-Subsidies.aspx</a> for more information.</i>			
Are you currently receiving or have applied for MOE's Financial Assistance Subsidy (FAS)?			Yes / No
Is there anyone at home during office hours? If there is, please state the relationship to the child.			Yes / No
<u>Name</u>		<u>Relationship</u>	



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## STUDENT DETAILS

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_  
(dd/mm/yyyy)

Gender Male/Female

BC number \_\_\_\_\_

Dietary Requirements Normal / No Beef / Halal / Vegetarian / Others

If others, please state: \_\_\_\_\_

Year / Level \_\_\_\_\_  
(e.g. 2018 / Pri 1)

Class \_\_\_\_\_  
(e.g. A, B, C, D)

Student's Residential Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## STUDENT'S HEALTH DETAILS

Do the student have any of the following conditions? If yes, please submit more details on condition.

Medical Information	Yes	No	If "Yes", please state details
Any pre-existing medication allergies			
Any food allergies			
Any other types of allergies			
Asthma			
Diabetes			
Epilepsy			
ADHD			
Autism			
Others			

1. Does the student have any disease or condition requiring medication, regular physician care, surgery or other treatment? If yes, please list:

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2. Does the student take any medication on a regular, on-going basis? If yes, please list:

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3. Is/Was the student seeking professional help for psychiatric or emotional problems? If yes, please list:

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## CAREGIVER DETAILS

Name of Primary Caregiver \_\_\_\_\_

Relationship to Student \_\_\_\_\_

NRIC Number \_\_\_\_\_

Date of Birth \_\_\_\_\_  
(dd/mm/yyyy)

Marital Status (Single / Married / Separated / Divorced / Widowed)

Residential Address \_\_\_\_\_  
(if different from above) \_\_\_\_\_

Contact Number: \_\_\_\_\_  
(handphone)

\_\_\_\_\_   
(office)

Contact details of other authorised adults who are allowed to pick up the student from Student Care Centre.

1. Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Contact \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Contact \_\_\_\_\_

**This registration form is correctly filled up to the best of my knowledge.  
I have also read, understand and agree to the Terms & Conditions attached on the form.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature / Date

### FOR OFFICIAL USE

Registration Fee : Paid / Not Paid / Waived      Receipt No. : \_\_\_\_\_

One-Month Deposit : Paid / Not Paid / Waived      Receipt No. : \_\_\_\_\_

1st Month Fee : Paid / Not Paid / Waived      Receipt No. : \_\_\_\_\_

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



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## **Terms & Conditions**

### **Programme Fees**

1. The monthly fees for all programmes run by Raffles Student Care Centre are due at the beginning of the month (before the 8<sup>th</sup> calendar day of the month). Raffles Student Care Centre reserves the right to impose an administrative fee of \$20 for any late payments received.
2. All non-SCFA sign-ups are required to place a 1-month deposit for all programmes run by Raffles Student Care Centre. This deposit is non-refundable and non-transferable. Upon notice, this deposit will be used to offset the fees for the final month the student is with Raffles Student Care Centre.
3. The 1-month deposit will be forfeited if the student has delayed payment of the monthly fees for a period of 30 calendar days or more, or if the student has stopped attending the programme, without notice, for a period of 60 calendar days or more. An administrative fee may be imposed in this case to reinstate the status of the student.
4. Children are to leave the Centre with their parents / authorised guardians by the official closing time. A fee of \$1 per minute, in blocks of 5 minutes, may be imposed on all late pick-ups.

### **Withdrawal**

5. A written notice must be given to Raffles Student Care Centre on the intention to withdraw from Student Care services. All withdrawals will take effect on the last day of the month. If the notice to withdraw is given after the 8<sup>th</sup> day of the month, termination will only take effect on the final day of the following month. Raffles Student Care Centre LLP reserves the right to forfeit the deposit if due notice is not given.
6. For example, if the notice of withdrawal is given on 9 April, the final day for the child will be on 31 May.
7. Raffles Student Care Centre LLP values her staff and wards, and has a responsibility to protect them. We reserves the right to terminate Student Care services to any child in exceptional circumstances, such as verbal abuse, physical endangerment, recalcitrant actions, or being caught in a misdemeanor act like theft or vandalism, upon giving a written notice to the parents or guardians. All withdrawals will take effect on the last day of the month. If the notice to withdraw is given after the 8<sup>th</sup> day of the month, termination will only take effect on the final day of the following month. Raffles Student Care Centre LLP shall refund the deposit if due notice is not given.

### **Medical**

8. Please note that submission of inaccurate, incomplete or omission of information about the medical and psychiatric health history of the student may result in incidents while your child is in the Centre. Raffles Student Care Centre LLP shall not be held responsible for any incidents that may occur due to inaccurate, incomplete or omitted medical information.
9. In the event of an emergency, Raffles Student Care shall seek appropriate medical transport, consultation and/or treatment for her children. All medical expenses, including transport costs, under such circumstances shall be borne by the parent first. This will then be reimbursed later by Raffles Student Care's insurance.

### **Photographs**

10. Raffles Student Care Centre may take photographs of Centre activities and post them on social media or attach them in our internal memos from time to time. This may include images of your child participating in our activities in group settings. If you are uncomfortable with the use of the image of your child, please kindly approach our Managers so that we can respect your wishes and cease the use of images of your child in group settings.