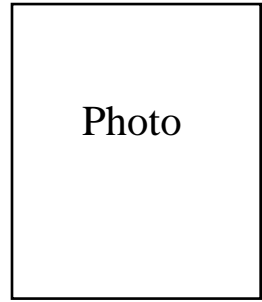


**TADIKA HAPPY KIDS**

MORNING (8:00AM – 12:00 PM)

HALF DAY (8:00AM – 1:30PM)

FULL DAY (8:00AM – 6:00PM)



Photo

CHILD'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: (BOY / GIRL)

TOTAL OF CHILDREN IN FAMILY: \_\_\_\_\_ AMONG SIBLING: (example: 1<sup>st</sup>, 2<sup>nd</sup>, \_\_or youngest)

ATTENDED KINDERGARTEN BEFORE? (YES / NO)

\*IF YES, WHERE? \_\_\_\_\_ IN WHAT YEAR? \_\_\_\_\_

PREFERRED PRIMARY SCHOOL IN FUTURE: \_\_\_\_\_

*\*PLEASE CHOOSE ONE* [SRK, SRJK, SRK (C), SRJK (T), PRIVATE SCHOOL, INTERNATIONAL SCHOOL]

FAMILY RELIGION: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

CONTACT NO. (FATHER): \_\_\_\_\_ (MOTHER): \_\_\_\_\_

OTHER CONTACTS IF AVAILABLE: \_\_\_\_\_

ANY SERIOUS SICKNESS: (YES / NO) \* IF YES, PLEASE STATE: \_\_\_\_\_

FOOD ALLERGY: \_\_\_\_\_ MEDICINE ALLERGY: \_\_\_\_\_

OTHER ALLERGY: \_\_\_\_\_

**- ALL FEES ARE NOT REFUNDABLE OR TRANSFERABLE -**

**FOR OFFICE USE ONLY**

REG.FEE PAID: \_\_\_\_\_ O/R NO.: \_\_\_\_\_ BAL: \_\_\_\_\_ O/R NO.: \_\_\_\_\_

REMARKS: \_\_\_\_\_

3 4 5 6 CLASS: \_\_\_\_\_

UNIFORM: (XS / S / M / L / XL / XXL / XXXL) AMOUNT: \_\_\_\_\_

SPORT T-SHIRT: (S / M / L / XL / XXL) AMOUNT: \_\_\_\_\_

\_\_\_\_\_  
(PARENT / GUARDIAN SIGNATURE)

\_\_\_\_\_  
(DATE OF REGISTRATION)