



Application for Quayside Isle Preparatory School Pte Ltd.

The following information is required. Incomplete forms may cause a delay in the application process. All applications are conditional and the school reserves the right to accept or reject any application. Quayside Isle Preparatory School is fully registered with the Ministry of Education.

Circle the program you are applying for:

Toddler Program (2 to 3 yrs)*	Pre - Kindergarten (3 to 4 yrs)*	Kindergarten 1 (4 to 5 yrs)*	Kindergarten 2 (5 to 6 yrs)*
*Child should be 2 yrs by September 1, 2020	*Child should be 3 yrs by September 1, 2020	*Child should be 4 yrs by September 1, 2020	*Child should be 5 yrs by September 1, 2020
5 days 9am – 12 pm (all year) (no Field Trips)	5 days 9 am – 2 pm	5 days 9 am – 2 pm	5 days 9.00 am – 3.00 pm
5 days 9am – 2 pm (from T2) (no Field Trips)			

Child's Information

Name (as in birth certificate)	Date of Birth	Country of Birth (Ethnic Origin)	Please paste a recent photo here
Chinese Characters (if applicable)			
Nationality	Religion (optional)	Birth Certificate No	
		FIN/NRIC No	

Quayside Isle Preparatory School | 31 Ocean Way, #01-17 Quayside Isle | Singapore | 098375

T: +65 6235 7527 | E: info@quips.edu.sg | W: www.quips.edu.sg

Parent or Guardian Information

Parent or Guardian Particulars (1)			
Name & Title (Prof/Dr/Mr/ Mrs/ Mdm)			NRIC/ FIN no.:
Home Address	Apt no.	Street address / Condo name	Postal code
Contact number/s	Mobile	Residence	Work
Email address			
Country of Birth (Ethnic Origin)		Language/s spoken at home	
Occupation		Employer	
Parent or Guardian Particulars (2)			
Name & title (Prof/Dr/Mr/ Mrs/ Mdm)			NRIC/ FIN no.:
Home Address	Apt no.	Street address / Condo name	Postal code
Contact number/s	Mobile	Residence	Work
Email address			
Country of Birth/Ethnic Origin		Language/s spoken at home	
Occupation		Employer	

Quayside Isle Preparatory School | 31 Ocean Way, #01-17 Quayside Isle | Singapore |098375

T: +65 6235 7527 | **F:** +65 6694 1995 | **E:** info@quips.edu.sg | **W:** www.quips.edu.sg

Additional Information

Names of siblings:	M/ F	Age	Date of Birth
1.			
2.			
3.			

Please indicate if your child has any special dislikes (i.e. food/drink) or if she/he special dietary requirements*? (vegetarian, halal, gluten-free or any other specific food allergies) YES / NO.

If yes please provide details:

*** Please inform Quayside Isle Preparatory School of any changes to your child's diet.**

Indicate if your child suffers from any **allergies**.

Has the child been **prescribed** ANY allergy **medication** by a registered physician? YES / NO

If yes please provide the name of the medication and the details for administration:

Does your child have any difficulties with any of the following? If yes, please provide supporting details.

Hearing:

Sight:

Speech:

Other:

Quayside Isle Preparatory School | 31 Ocean Way, #01-17 Quayside Isle | Singapore |098375

T: +65 6235 7527 | **F:** +65 6694 1995 | **E:** info@quips.edu.sg | **W:** www.quips.edu.sg

Emergency Contact Numbers

Emergency Contact (1)			
Name & Relationship to child		NRIC/ FIN no.:	
Contact number/s	Mobile	Residence	Work
Emergency Contact (2)			
Name & Relationship to child		NRIC/ FIN no.:	
Contact number/s	Mobile	Residence	Work

Medical Information

Family Doctor's name: _____

Address: _____

Telephone number: _____

- Does child have any drug allergy or sensitivity? No Yes (please tick)

If **yes**, the following management procedures are to be followed (please provide a copy of the management plan, if required):

PLEASE NOTE THAT the School will not be responsible for administering any medication (except in the case of emergency known allergy medication, such as an Epi-pen or severe allergy medication). I understand that all other medication should be administered at home and school should be informed, as necessary.

- Does child have medical conditions and needs (such as **anaphylaxis**) No Yes (please tick)

If **yes**, you are required to attach the anaphylaxis management plan.

* Please refer to Clause 4 under the Agreement part of this form.

Quayside Isle Preparatory School | 31 Ocean Way, #01-17 Quayside Isle | Singapore |098375

T: +65 6235 7527 | **F:** +65 6694 1995 | **E:** info@quips.edu.sg | **W:** www.quips.edu.sg

➤ Does the child have medical conditions and needs (e.g. epilepsy, diabetes, etc.) which are relevant to the school? No Yes (please tick)

If **yes**, the following management procedures are to be followed (please provide a copy of the management plan, if required):

Immunization

Has your child received the necessary immunization for their age under the existing law of the country of current residence? No Yes (please tick)

If **no**, please detail reason:

****Other Information***

If there is anything else that the school should know about the child (excessive fears, hobbies & interests, attending other early childhood services or early intervention services, therapy, etc.) please indicate below:

Declaration and consent to emergency medical treatment

I, _____ (print full name), parent of _____, declare that the information in this enrolment form is true and correct and undertake to immediately inform Quayside Isle Preparatory School Pte Ltd in the event of any change to this information. I also:

- agree to collect or make arrangements for the collection of my child referred to in this enrolment form if she/he becomes unwell at the school;
- consent to the staff of Quayside Isle Preparatory School Ltd seeking, or where appropriate, administering, such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the school.

.....

Signature/ Date

Documents required

The following documents are required to be submitted **with** this application:

- ✓ Student's birth certificate
- ✓ Student's passport and identity card (a copy of both sides is needed)
- ✓ Parents' passports and identity cards (a copy of both sides is needed)
- ✓ 1 passport sized photograph of the student
- ✓ Immunization records

Quayside Isle Preparatory School | 31 Ocean Way, #01-17 Quayside Isle | Singapore |098375

T: +65 6235 7527 | **F:** +65 6694 1995 | **E:** info@quips.edu.sg | **W:** www.quips.edu.sg

Checklist of required documents

Please use this checklist to ensure your application is processed easily.

Please put a tick for YES and a cross for NO.

- Copy of child's birth certificate and/or other identification certificates
 - Student's **passport** and **identity card** (a copy of **both** sides is needed)
 - Copy of immunization records
 - NRIC/FIN or other identification (passport/re-entry permit) of mother
 - NRIC/FIN or other identification (passport/re-entry permit) of father
 - NRIC or other identification (passport/re-entry permit/work permit) of any other authorized person(s)
 - School report from the previous school (if applicable)
 - Passport sized photo (attach to the Form)
-

For official use only

Date of submission	Processed by :
Remarks	

Quayside Isle Preparatory School | 31 Ocean Way, #01-17 Quayside Isle | Singapore |098375

T: +65 6235 7527 | **F:** +65 6694 1995 | **E:** info@quips.edu.sg | **W:** www.quips.edu.sg

Agreement

1. I, _____, parent of _____, agree to the conditions of enrolment as outlined in the clauses of '**Quayside Isle Preparatory School Fee Structure**' document.

Signed: _____ Date: ___/___/___

2. Permission to seek medical assistance in an emergency.

That in the case of an accident or emergency resulting in the need for immediate medical attention, I hereby give permission for the staff at Quayside Isle Preparatory School Pte Ltd to take my child to a doctor or hospital to seek the following urgent treatments;

- Medical
- Dental
- Hospital treatment
- Administration of an anaesthetic for my child in the case of an emergency
- Authorization to seek ambulance service

Signed: _____ Date: ___/___/___

3. Permission to carry out appropriate medical, dental or hospital treatment in an emergency.

That in the case of accident or other emergency resulting in the need for immediate medical attention, I hereby give permission for the service to carry out appropriate medical, dental or hospital treatments.

Signed: _____ Date: ___/___/___

4. Acknowledgment of School not administrating any medicine.

I _____ hereby acknowledge that the School will not be responsible for administering medication (except in the case of emergency known allergy medication, such as an Epi-pen or severe allergy medication). I understand that all other medication should be administered at home and school should be informed, as necessary.

Signed: _____ Date: ___/___/___

Quayside Isle Preparatory School | 31 Ocean Way, #01-17 Quayside Isle | Singapore |098375

T: +65 6235 7527 | **F:** +65 6694 1995 | **E:** info@quips.edu.sg | **W:** www.quips.edu.sg

5. Observing in the classroom.

I consent to my child being the subject of observations, for training purposes. However, if questioning or testing of my child is to be undertaken, my permission will be sought beforehand.

Signed: _____ Date: __/__/__

6. Authorization for emergency contact.

I hereby authorize the staff of Quayside Isle Preparatory School to contact the following people*, if I cannot be contacted, in the case of an emergency.

Name	Address	Residence no.	Work no.	Relationship to child

***It is important that you inform the above people that you have included them as emergency contacts and that they may be contacted in the case of an emergency for your child or the school, and asked to collect your child when you cannot be contacted.**

Signed: _____ Date: __/__/__

7. Authority to collect your child from Quayside Isle Preparatory School

I hereby authorize the staff of Quayside Isle Preparatory School to allow the following people to collect my child from school.

Name	ID number	HP no.	Relationship to child

It is important that you inform the School about any changes in the arrangements for child's collection and provide the name for the person in lieu collecting the child.

Signed: _____ Date: __/__/__

Quayside Isle Preparatory School | 31 Ocean Way, #01-17 Quayside Isle | Singapore |098375

T: +65 6235 7527 | F: +65 6694 1995 | E: info@quips.edu.sg | W: www.quips.edu.sg

8. Notification of arrival and departure of children at the school.

I agree to have my child signed in and out on the appropriate documentation at the school on arrival and departure each day they attend the school.

Signed: _____ Date: __/__/__

9. Non-collection of the child

I acknowledge the fact that The School reserves the right to charge parents for the additional hours worked by our staff in case of non-collection of the child.

Signed: _____ Date: __/__/__

10. Child Absence

I agree to notify the school if my child is absent on a day that they are meant to attend.

Signed: _____ Date: __/__/__