



Student Registration Form

1. CHILD'S DETAILS

Family Name:	Given Names:	
Birth Certificate / FIN Number :	Gender:	Date of Birth:
Place of Birth:	Age:	Nationality:
Language spoken at home:	Race:	

2. MOTHER'S DETAILS

Family Name:	Given Names:
Primary Contact: <input type="checkbox"/> (Please tick if applicable)	
Nationality:	Date of Birth:
Passport / FIN Number:	
Home Telephone:	Mobile phone:
Home Address:	
Employer:	Occupation:
Work Telephone:	Email Address:
Work Address:	

3. FATHER'S DETAILS

Family Name:	Given Names:
Primary Contact: <input type="checkbox"/> (Please tick if applicable)	
Nationality:	Date of Birth:
Passport / FIN Number:	
Home Telephone:	Mobile phone:
Home Address:	
Employer:	Occupation:
Work Telephone:	Email Address:
Work Address:	

4. EMERGENCY CONTACT DETAILS

Please list the people (over 18 years old) that you wish to be contacted and are authorised to collect your child in the event that you cannot be reached.

Emergency Contact Person 1

Name:	Relationship to Child:		
Mobile Phone:	Work/Home Phone :		
FIN / NRIC:			
Emergency Pick Up:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Daily Pick Up	Yes <input type="checkbox"/> No <input type="checkbox"/>

Emergency Contact Person 2

Name:	Relationship to Child:		
Mobile Phone:	Work/Home Phone :		
FIN / NRIC:			
Emergency Pick Up:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Daily Pick Up	Yes <input type="checkbox"/> No <input type="checkbox"/>

5. EMERGENCY MEDICAL DETAILS

Doctor's Name:	Phone Number:
Address:	
Dentist's Name:	Phone Number:
Address:	

In the event of an emergency, illness or accident concerning my child, I authorise White Lodge to seek treatment from a medical practitioner, medical centre, dentist or hospital which may include transport in an ambulance. I give consent to the carrying out of appropriate medical, dental, hospital treatment or transport in an ambulance as deemed necessary by the doctor, dentist or paramedic. I will be responsible for any medical and/or ambulance expense that may occur. I will ensure that the school is informed of any updated contact details for my child's emergency contacts.

I agree to all the above. Parent/Guardian to sign below:

Name of Parent/Guardian:	
Signed:	Date:
Name of Parent/Guardian:	
Signed:	Date:

6. HEALTH INFORMATION

I confirm that my child has been vaccinated against Measles and Diphtheria.

Yes ☐ No ☐

I confirm that my child has had all the vaccinations that are required by Malaysian Law.

Yes ☐ No ☐

Does your child have any allergies?

Yes ☐ No ☐

If yes, please provide details:

Is your child on any regular medication?

Yes ☐ No ☐

If yes, please provide details:

Has your child had any of the following? *(Please tick all applicable)*

Measles ☐ Mumps ☐ Rheumatic Fever ☐ Epilepsy ☐ German Measles ☐
Ear Trouble ☐ Convulsions ☐ Scarlet Fever ☐ Chicken Pox ☐ Diabetes ☐

Does your child suffer from Asthma?

Yes ☐ No ☐

If yes, please provide details:

Does your child have any additional needs?

Yes ☐ No ☐

If yes, please provide details:

Is there other information you would like to share about any special requirements, cultural or religious beliefs that staff should be aware of? Yes ☐ No ☐ If yes, please provide details:

Does your child have any specialised dietary needs? Yes ☐ No ☐ If yes, please provide details:

Does your child have a history of major illness or had an operation? Please provide details:

7. PREFERRED ENTRY STATUS

Have any other family members previously attended White Lodge or are any other family members currently attending or enrolled to attend? Yes ☐ No ☐ If yes, please provide details:

1. Full Name: Relationship to Enrolling Student:

Year(s) at White Lodge

Class:

2. Full Name:

Relationship to Enrolling Student:

Year(s) at White Lodge

Class:

8. PARENTS AGREEMENT

Sunscreen: I give permission for staff to apply sunscreen to my child.

Yes ☐ No ☐

Emergency evacuations: In the event of an emergency, the children will be required to evacuate the premises and will assemble at a central point of safety. The evacuation procedure will be practiced throughout the year and the children will be fully supervised by staff at all times.

Yes ☐ No ☐

Fees Payable and Deposit refund. *(Mark under Option A for Preschools and Kindergartens or Option B for Childcares)*

A. PRESCHOOLS & KINDERGARTENS:

Fees Payable: I agree to settle schools fees on or before the due date.

Yes ☐ No ☐

Deposit Refund: I am aware that 8 weeks written notice is required for all withdrawals. I am aware that the school reserves the right to retain the deposit if the 8 weeks notice period is not met.

Yes ☐ No ☐

Parent/Guardian to sign below:

Name of Parent/Guardian: _____

Signed: _____

Date: _____

Name of Parent/Guardian: _____

Signed: _____

Date: _____

9. OTHER INFORMATION

Is there anything else you would like us to know about your child? Please comment below :

10. RULES AND REGULATIONS

I have received and read the Rules and Regulations of White Lodge and I understand that the rules and regulations may be changed from time to time, and agree to abide by them.

11. LOSS OR DAMAGE OF PERSONAL PROPERTY

I understand that White Lodge cannot accept responsibility for any loss or damage of personal items brought into the Kindergarten/Childcare Centre.

12. MEDICAL TREATMENT

I do hereby give permission to White Lodge to have my child medically treated by a duly registered practitioner within or outside of the White Lodge's premises, in the event that White Lodge deems it necessary for the child to receive such treatment. This consent shall also extend to any first-aid rendered by White Lodge's staff to the child. Except for the first aid given at White Lodge, all charges incurred for the treatment of the child, including transport expenses, if any, shall be borne by me/us.

13. WHITE LODGE MEDIA CONSENT

I hereby consent to White Lodge to use photographs and video clips of my child in:
(tick all applicable)

☐

Publicity materials, newsletter and advertising, including social media.

☐

Internal communications within the school community only.

14. PDPA POLICY

White Lodge Education Group is committed to protecting and respecting your privacy, and we will only use your personal information to administer your account and to provide the products and services you request from us. From time to time, we would like to contact you about our products and services, as well as other content that may be of interest to you.

I agree to all of the above. Parent/Guardian to sign below:

Name of Parent/Guardian:

Signed:

Date:

Name of Parent/Guardian:

Signed:

Date:

15. PROGRAMME SELECTION

DPC ☐ BS ☐

Parent & Child:

Monday	Tuesday	Wednesday	Thursday	Friday

Preschool:

	Monday	Tuesday	Wednesday	Thursday	Friday
Half day					
Full day					
Extended Full Day					

Childcare:

	Monday	Tuesday	Wednesday	Thursday	Friday
Half day					
Full day					

Class:

Start Date:

Principal's signature:

16. APPLICATION CHECKLIST

- ☐ Registration Fee at campus applied. Please note, applications cannot be processed without payment of application fee.
- ☐ Payment can be made by cheque or online transfer and payable to WHITE LODGE CHILDCARE CENTRE SDN BHD,
AMBank : 8881025211016– Bangsar South
AMBank - 8881035549971– DesaPark City
- ☐ Completed Application Form
- ☐ A copy of your child's Birth Certificate
- ☐ A copy of your child's Passport (if applicable)
- ☐ A copy of your child's Identity Card or dependant's Pass
(original must be available) or a letter from your company
- ☐ A copy of parents' / guardians - NRIC / Passport / Employment Pass
- ☐ A copy of current Vaccination / Immunisation Record
- ☐ Any supporting documents of Educational / Psychological Testing or
Special Learning needs (if applicable)
- ☐ Copy of reports from previous Pre-school / Kindergarten / Childcare(if applicable)

Please contact us should you have any questions. We are looking forward to welcoming your family to White Lodge!