



LITTLE GEMS DAY CARE CENTRE

No. 2, Simpang 1329, Kg. Tanjung Bunut, BF2920, NBD.
No. 22, Spg 14, Kg. Kiarong, BE1318, NBD
No. 30, Spg 28, Kg. Sengkarai, Jln Kuala Tutong, Tutong TA 2341, NBD

 Tg. Bunut +673 8148498/Kiarong +673 8219917/Tutong
+6738822830

 littlegemsbn@gmail.com  www.littlegemsbn.com

Registration Form

Please tick (/)

Tanjung Bunut Branch Kiarong Branch Tutong Branch

Baby (3 - 11 months) Toddler (1 - 4 years 11 months)

Fees (see attached)

Child's Particular

Child's Name :

Nick Name (if any) :

Male

Female

Date of Birth:

Birth Certificate No:

Child No:

Date of Birth:

Race:

Religion:

Home Address :

Child's Health Information:

Please specify any disabilities :

Please specify any allergies:

Family Information

Father's Name :		
I.C No. Colour:		Email :
Telephone: (Office)	(Home)	(Mobile):
Occupation :		Department :
Mother's Name :		
I.C No. Colour:		Email :
Telephone: (Office)	(Home)	(Mobile):
Occupation :		Department :

In case of emergency, phone numbers to be contacted

Name:	Relationship	Mobile Numbers
Name:	Relationship	Mobile Numbers

Authorised person(s) to fetch your child other than parents

Name:	I.C No:	Relationship:	Mobile No:
Name:	I.C No:	Relationship:	Mobile No:

In case of an accident or an emergency, will you allow our centre to take your child to the nearest hospital for treatment?

- Yes, and notify us as well No. Notify us immediately and we will fetch up our children ourselves

With this REGISTRATION FORM, I also attach the following:-

- Registration Fee in full + 1st monthly fee
- Child's photo
- Copy of Birth Certificate
- Medical Report (if any)

Rules & regulations

- A NON-REFUNDABLE Registration Fee
- The 1st Monthly Fee + Registration Fee shall be paid upon registration.
- Payment of fees for succeeding months will be paid every FIRST WEEK of the month
- Request for discount or deduction of monthly fee due to absenteeism is NOT allowed, unless due to long illness. The Management reserves the right to decide.
- Little Gems Day Care Centre will observe KEY public holidays.

In case of emergency, phone numbers to be contacted

Parent's Name:

Signed:

Date:

For office use

This REGISTRATION FORM is received by :

Registration No:

Receipt No:

3 months – 12 months/ 1 – 3 years old/ KG1 * (delete where appropriate)

Type of Package

- Registration Fee in full + 1st monthly fee
- Child's photo
- Copy of Birth Certificate
- Medical Report (if any)

Signature:

Date: