



UCSI Child Development Center Sdn. Bhd. (018913-K)

Lot 12734, Jalan Choo Lip Kung, Taman Taynton View,
56000 Cheras, Kuala Lumpur

Tel: 03-91332430; Fax: 03-91332431

E x p e r i e n c e C a r i n g

*Please affix your
child's photo here*

Enrolment Form

Child's Particulars

Name: _____ Sex: Male / Female Race: _____

Date of birth: _____ Place of birth: _____

Address: _____

Contact telephone no: (1) _____ (2) _____

E-mail Address: _____

Additional Information:

Language/Dialect spoken at home:

(1) _____ (2) _____ (3) _____

Eating habits: () Good () Average () Poor

Comments (e.g. favourite food or dislike food) _____

Toilet habits: () Well established () Introductory stage

Child's special interests (e.g. music, computer & etc) _____

Child's fears (e.g. dark, thunder, animal etc) _____

Behavior pattern (e.g. active, reserve, shy etc) _____

Previous kindergarten/child care

Name of centre

Period of time

1) _____

2) _____

Emergency Contacts

In case of emergency, please indicate the person to contact:

	<u>Name</u>	<u>Relationship</u>	<u>Contact</u>
1)	_____	_____	_____
2)	_____	_____	_____

Medical/Health Records

Special health problems: _____

Disabilities: _____

List of allergies: _____

Any previous injuries/accidents: _____

Others: _____

Child's Family Details

Father's name: _____ Phone (off) _____

Occupation: _____ H/P: _____

Employer's name & address: _____

Mother's name: _____ Phone (off) _____

Occupation: _____ H/P: _____

Employer's name & address: _____

Siblings' names

1) _____	Age: _____	4) _____	Age: _____
2) _____	Age: _____	5) _____	Age: _____
3) _____	Age: _____	6) _____	Age: _____

Other persons in the household:

	<u>Name</u>	<u>Relationship</u>
1)	_____	_____
2)	_____	_____
3)	_____	_____

Transport

Mode of transport: () Private () School Bus () Internal Shuttle

Security Measures

Person/s who will send and pick up the child:

Person 1

Person 2

Name: _____

Relationship to the child: _____

Contact No.: _____

Model of vehicle: _____

Registration No.: _____

Please enclose photograph/s of the person/s

Person 1

Person 2

AGREEMENT TO BE BOUND AND ABIDED

EMERGENCY ACTION

In the event of an accident or illness requiring emergency medical treatment, I hereby give permission to the staff at UCSI-CDC to seek emergency medical treatment for my child at any private/government hospital that is appropriate in the said situation taking into account the said nature of the emergency.

I also agree that I will be liable for any expenses relating to my child's medical treatment. I also hereby agree that I or any other next-of-kin to my child will not hold UCSI-CDC, its staff, employees, associates or other relevant connected people responsible or liable in respect of any untoward accident or incident that arises as a result of the said emergency.

Signed:**Date:****Name:****NRIC/Passport:**

Publicity

I hereby give my consent to my child's photograph/image (eg. video footage) and first name to be used for publicity of UCSI-CDC and under UCSI-CDC's policy to maintain strict privacy and confidentiality of the same.

Signed:**Date:****Name:****NRIC/Passport:**

Refund Policies and Procedures – Financial Matters

I hereby agree that the registration fee paid is **NON REFUNDABLE**. I also hereby agree that UCSI-CDC will not refund any fees paid, with the exception of the school kit and student deposit. However, this is provided that no rules or regulations have been breached.

I hereby agree that in the event of graduation or in the event of withdrawal the respective forms must be submitted within a minimum of 1 semester from the event for refundable deposits. I hereby agree that in the event that I fail to settle the fees in accordance to the respective due date, I shall be liable to pay the late payment charges that shall be levied accordingly by UCSI-CDC.

I also agree that UCSI-CDC hereby reserves the right to alter, change, amend any of the aforementioned rules, regulations and terms and only current and approved of the same shall be applicable, this shall also include any fees that is payable.

Signed:**Date:****Name:****NRIC/Passport:**
