

S/No.

Babyplanet Registration Form

Part 1: Child's Particulars

Name (as appears in Birth Certificate) _____

Chinese Characters (if applicable)

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Date of Birth _____(date) _____(month) _____(year)

Birth Certificate No. _____ Birth Order 1st/2nd/3rd/4th/5th

Nationality _____ Race _____

Part 2: Particulars of Parents/Guardians

Father's Particulars

Name (as appears in Identity Card) _____

NRIC/Passport No. _____

Nationality _____ Race _____ Religion _____

Address _____ Postal Code _____

Occupation _____ Gross Monthly Income S\$_____

Home Number

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 Office Number

--	--	--	--	--	--	--	--

 Mobile/Pager Number

9									
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Email Address _____

Mother's Particulars

Name (as appears in Identity Card) _____

NRIC/Passport No. _____

Nationality _____ Race _____ Religion _____

Address _____ Postal Code _____

Occupation _____ Gross Monthly Income S\$_____

Home Number

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 Office Number

--	--	--	--	--	--	--	--

 Mobile/Pager Number

9									
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Email Address _____

Part 3: Child's Medical Records		
Type of Vaccination/Immunisation	Date	
BCG		
Triple Antigen		
Poliomyelitis		
Measles		
Past History		
	Yes	No
Chickenpox		
Mumps		
Measles		
Others (Please specify)		
Medical History		
	Yes	No
Diabetes		
Hepatitis		
Congenital Heart Disease		
Epileptic Fits		
Others (Please specify)		
Physical Disabilities		
	Yes	No
Speech		
Sight		
Hearing		
Movement		
Others (Please specify)		
Part 5: FOR OFFICIAL USE ONLY		
Date of Enrolment	_____(date) _____(month) _____(year)	S/No. _____
Type of Enrolment	_____	
Registration Fees	_____	Receipt No. _____
Deposit	_____	Receipt No. _____
Monthly Fees	_____	
Subsidy (if any)	_____	
Remarks	_____	

