



CONFIDENTIAL

YOUNG WOMEN'S CHRISTIAN ASSOCIATION (YWCA)

新加坡基督教女青年会

KIDS' WEEKDAY CARE

APPLICATION FORM 申请表格 Borang Permohonan

Child's Particulars (7 to 12 years old) 孩童资料 (7 至 12 岁) Maklumat Kanak-kanak (7 hingga 12 tahun)

Full Name 英文姓名 Nama	Gender: M / F 性别 : 男 / 女 Jantina: L / P	Birth Cert No. 出生证号码 Nombor Sijil Kelahiran	Date of Birth 出生日期 Tarikh Kelahiran	School / Class 学校 / 班 Sekolah / Kelas
Address 地址 Alamat				
Sickness / Allergies 病症 / 过敏 Penyakit / Alahan				

Parents' Particulars 家长资料 Maklumat Ibubapa

	Father 父亲 Bapa	Mother 母亲 Ibu
Full Name 姓名 Nama		
NRIC No. 身份证号码 Nombor Kad Pengenalan		
Date of Birth 出生日期 Tarikh Kelahiran		
Citizenship 国籍 Kewarganegaraan		
Contact No. 联络号码 Nombor Telefon		
Marital Status 婚姻状况 Status Perkahwinan	Married / Remarried / Divorced / Separated / Widowed 已婚 / 再婚 / 离婚 / 分居 / 丧偶 Berkahwin/ Berkahwin semula/ Bercerai/ Berpisah/ Balu	Married / Remarried / Divorced / Separated / Widowed 已婚 / 再婚 / 离婚 / 分居 / 丧偶 Berkahwin/ Berkahwin Semula/ Bercerai/ Berpisah/ Balu
Religion 宗教 Agama		
Occupation 职业 Perkerjaan		
Gross Monthly Income 每月薪金 Pendapatan Kasar Bulanan		

Particulars of Other Household Members 其他家庭成员资料 Maklumat Tanggungan

Full Name 姓名 Nama	Age 年龄 Umur	Relationship to Child 与孩童的关系 Hubungan dengan Kanak-kanak	School / Occupation 学校 / 职业 Sekolah / Pekerjaan

Social Worker / Caseworker	
Agency Name	

1. How is your family relationship? How are your children relating to one another?
您家庭的关系如何? 您孩子之间的关系如何?

2. Is there any other information you would like to share with us about your children?
有其他资料您想分享关于您的孩子吗?

PARENTAL CONSENT FORM 家长同意声明表格 Borang Persetujuan Ibumapa

I, _____ (NRIC No. _____), ***father / mother / guardian** of:

(1) _____ (name) _____ (Birth Cert No.) _____ (Gender)

(2) _____ (name) _____ (Birth Cert No.) _____ (Gender)

(3) _____ (name) _____ (Birth Cert No.) _____ (Gender)

(4) _____ (name) _____ (Birth Cert No.) _____ (Gender)

hereby give consent to my ***child / ward** to participate in the YWCA Kids' Weekday Care. I will not hold the staff, associates and volunteers of the service responsible for any mishaps during or related to the activities of the service. I ***will / will not** grant permission for my child to be photographed and interviewed for publicity purposes. I certify that all information provided in this form is true at the point of completion.

By signing this form, I consent to allow Young Women's Christian Association (YWCA) of Singapore to collect, use, disclose and/or process my personal data in order to process, administer, facilitate, maintain and/or manage my relationship with YWCA as a member, volunteer, programme participant, beneficiary and/or donor ("Purpose"), including communications on YWCA's activities, programs and services and donation requests; carrying out research, analysis and development activities for YWCA's purposes; and making disclosures required by law or a competent authority. YWCA may disclose my personal data to its third party service providers and/or agents, which may be sited outside of Singapore, for the above Purpose.

Signature : _____

Name : _____

Contact No. : _____

Date : _____