



CLEVERLAND PLAYSCHOOL



REGISTRATION INFORMATION

Admission Year: _____	Branch: <input type="checkbox"/> Saujana Utama <input type="checkbox"/> Alam Budiman <input type="checkbox"/> Cyberjaya	Programme: <input type="checkbox"/> Half Day (7:30am – 12:00pm) <input type="checkbox"/> Full Day (7:00am – 7:00pm) <input type="checkbox"/> Transit (Primary School)
Registration Date: _____		

CHILD INFORMATION

Name	
Short Name	
Gender	
Address	
MyKid/Passport No.	
Student Resides With	<input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____

TRANSIT INFORMATION

Child's Name		Gender	
Arrival Time		Departure Time	
Drivers Name		Mobile No.	
Car Reg. No		Car Make/Colour	

PARENT/GUARDIAN INFORMATION

Mother/Guardian 1		Father/Guardian 2	
Full Name		Full Name	
Mobile No.		Mobile No.	
Work Phone No.		Work Phone No.	
Email Address		Email Address	

EMERGENCY CONTACT (OTHER THAN PARENTS/GUARDIANS ABOVE)

Name			
Mobile No.		Relationship	

**CHECKLIST

<input type="checkbox"/> Complete Admission Form In Full <input type="checkbox"/> 2 Passport sized Photos	<input type="checkbox"/> Enclose previous school records/reports (if applicable) <input type="checkbox"/> Consent for administration of first-aid and non-prescription records	<input type="checkbox"/> Signed our T&C as well as Parents Handbook <input type="checkbox"/> Copy of your child's immunization records <input type="checkbox"/> Photo Id of authorized pick-up/drop-off guardian
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CHILD PROFILE

What do you hope your child will gain by attending Cleveland?	
How did you learn about Cleveland?	<input type="checkbox"/> Banner/Bunting <input type="checkbox"/> Flyers/Brochure <input type="checkbox"/> Friends o Friend's Name (If he/she is an existing customer) _____
Why did you choose Cleveland?	<input type="checkbox"/> Islamic Environment <input type="checkbox"/> Hands-on / Interactive Method <input type="checkbox"/> Referral by friends/family <input type="checkbox"/> School Environment/Facilities <input type="checkbox"/> Emphasize on Manners & Kindness Curriculum <input type="checkbox"/> Others: _____
What language(s) does your child speak at home?	
What are his/her special interest/likes?	
Does your child have any fears/dislikes, and if so, what are they? (eg: thunder, insects, darkness etc.)	
What are his/her favourite toys/subjects	
Does he/she watch television regularly, and what are the nature of the programs?	
Do you have any other comments that you feel may add to our understanding of your child and his/her needs?	

HEALTH, DIET AND FOOD ALLERGIES

Allergies	
Food Type	Symptoms
Suggested Treatments(s)	
Include any special health conditions you child may have	
Special health condition	
Physical/Mental disabilities	
Allergies	
Serious injuries/accidents	
Medications prescribed	
Are there any other consideration pertaining to your child's health or physical state that we should know about? (eg: family history of illnesses)	

CONSENT FOR ADMINISTRATION OF FIRST-AID AND NON-PRESCRIPTION RECORDS

In the event of emergency, I/We hereby authorize Cleverland Playschool to use the medication/products on my child according to the manufactures or physicians written instructions.

I/We will not hold Cleverland liable for any reactions or other symptoms when the medication/products are used in accordance with these terms.

The following are the first aid medications available in the sick bay for your child:

1. Panadol/Paracetamol & Coolfever : Fever, headache, body ache
2. First Aid Ointment : Anti-allergic, insect bite, itching
3. Insect Repellent

Agree Disagree

TOILET TRAINING

Fully Toilet Trained

Almost Toilet Trained
(accidents occur)

Not Toilet Trained

AUTHORIZE TO PICK UP YOUR CHILD FROM CLEVERLAND

Photo		Photo		Photo	
Relationship		Relationship		Relationship	
Car Make/Colour		Car Make/Colour		Car Make/Colour	
Car Reg. No		Car Reg. No		Car Reg. No	

