



# REGISTRATION FORM

Branch:

Child's Name:	My Kid / Passport no.:	
Date of Birth:	Nationality:	
Start date:	Gender (M/F):	
Address (Home):		
	<b>Father</b>	<b>Mother</b>
Name		
I/C No		
Occupation		
Company name		
Tel (HP) (Office)		
Email		
Smoker	Yes / No	Yes / No
Illness or health problems (including jaundice, allergy, asthma, epilepsy):		
Parents medical history (including allergy, asthma, sinusitis, eczema)		
Family Doctor:	Contact No:	
Remark:		
<b>Emergency Contact</b>		
In case of emergency and you cannot be reached:- Name: _____ Relationship: _____ Contact no: _____		

### Release of child

The following are authorized to pick up my child from the center. Cutie Cottage is indemnified from any damages, claims or other liabilities which might results from Cutie Cottage (its employee) releasing my child to me or to any persons named below.

1) Name: \_\_\_\_\_

2) Name: \_\_\_\_\_

I/C No: \_\_\_\_\_

I/C No: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

Relationship to the child: \_\_\_\_\_

### Medical authorization

- a) I understand that in the event of an illness or accident to my child, Cutie Cottage will make reasonable attempts to contact me. When I am notified, I am required to pick my sick child immediately.
- b) I also understand that if my child shows any sign of being ill or unwell, my child shall be isolated from the other children and given staff supervision until arrangement can be made for his/her removal.
- c) In the event that I cannot be reached, I hereby grant Cutie Cottage full discretion to consult a licensed physician of Cutie Cottage's choice to attend to my child. All medical fees and other expenses shall be borne by me.
- d) I further understand that medication shall be administered by Cutie Cottage's staff according to the directions given by the licensed physician.
- e) I hereby agree not to hold Cutie Cottage liable in any way whatsoever for the medical treatment provided my child at the centre.
- f) I hereby authorize / not authorize Cutie Cottage Staff to administer paracetamol to my child once her/his temperature exceeds 38.0°C, according to the dosage described in British National Formulary (BNF).

**Extra care until 7 pm (    )**

**Note that there will be No fee deduction if absent (    )**

Signature:

Name:

Date:

Office use	Amount (RM)	Date paid	Payment mode	Receipt No.
<b>Registration fee</b>				
<b>Deposit</b>				
<b>Misc fee (pro-rated)</b>				
<b>First month (pro-rated)</b>				
	<b>Update LittleLives by</b>			
<b>Bath beg, bed sheet, uniforms or sleeping bag</b>			Order date	Receive date