



CONFIDENTIAL

LOVING HEART MULTI-SERVICE CENTRE (Jurong)

316 Jurong East Street 32, #01-279, Singapore 600316

Tel: 65674166 Fax: 65697957

Enquires: geetha.kerisna@lovingheartjurong.org.sg

Free Tuition Programme Registration Form

A. Particulars of 1st Child

| | | | |
|----------------|--|--------|---------------|
| Name | | | |
| NRIC No. | | Gender | Male / Female |
| DOB | | Age | |
| Name of school | | Class | |

Please tick preferred timeslot for your child. Limited spaces are available for each class. (Tick one only)

- Friday, 7pm to 9pm
 Saturday, 9am to 11am
 Saturday, 11am to 1pm

What subject is student weakest in? (Choose a subject)

- English
 Maths
 Science

B. Particulars of 2nd Child (Please skip if not applicable)

| | | | |
|----------------|--|--------|---------------|
| Name | | | |
| NRIC No. | | Gender | Male / Female |
| DOB | | Age | |
| Name of school | | Class | |

Please tick preferred timeslot for your child. Limited spaces are available for each class. (Tick one only)

- Friday, 7pm to 9pm
 Saturday, 9am to 11am
 Saturday, 11am to 1pm

What subject is student weakest in? (Choose a subject)

- English
 Maths
 Science

C. Particulars of 3rd Child (Please skip if not applicable)

| | | | |
|----------------|--|--------|---------------|
| Name | | | |
| NRIC No. | | Gender | Male / Female |
| DOB | | Age | |
| Name of school | | Class | |

Please tick preferred timeslot for your child. Limited spaces are available for each class. (Tick one only)

- Friday, 7pm to 9pm
 Saturday, 9am to 11am
 Saturday, 11am to 1pm

What subject is student weakest in? (Choose a subject)

- English
 Maths
 Science

D. Family Details

| | | | |
|------------------|---|------|--|
| Address | | | |
| Housing Type | *HDB (Purchased) / HDB (Rented) / HDB (Rented Room) / Private Housing | | |
| Rooms in House | *2 Rooms / 3 Rooms / 4 Rooms / 5 Rooms / Others: | | |
| Parents' Contact | | Race | |

E. Particulars of other Family Members (including siblings)

| Name | Relationship | NRIC No. | Age | Occupation | Income/month |
|------|--------------|----------|-----|------------|--------------|
| | | | | | |
| | | | | | |
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F. General Conditions:

1. Loving Heart Multi-Service Centre (Jurong) (LHMSCJ) is helping and assisting the needy/ less fortunate students in their studies and homework. However, there is no guarantee for the school results.
2. Application is subjected to the Centre's approval for the selection criteria

G. Declaration:

I, parent/guardian of _____ declare that all information given and all attachments are true and accurate best of my knowledge. I understand that any willful omission or suppression of information can lead to action being taken against me and I will be liable for full payment of all relevant expense.

- i) I fully understand and agree that the personal information which I have provided may be disclosed to other agencies or individuals for fundraising as well as public relations and publicity purposes. I trust that the information will strictly be used for the purposes stated. (If you wish to opt out, you may indicate your preference at any time to our executive officers.)
- ii) I agree for LHMSCJ to contact me for any purposes related to the services LHMSCJ is providing or had provided me with and/ or on matters which my child/ ward have an ongoing relationship with the organization.

Under the Personal Data Protection Act (2012),

- iii) LHMSCJ collects, uses and discloses personal data for the purpose of providing services to our clients, engaging volunteers and donors, working with partners, employment matters, reporting to proper authorities and other relevant and reasonable work that are necessary to facilitate and enhance our services.
- iv) We will retain your personal data for a reasonable period for the purposes as cited, or as required by law. You may request in writing for access to your personal information. If there is any need to update or revise your personal data, you can do so in writing to us with documentary proof.

The above information has been translated in _____ to me by _____ on _____.

H. Other Programs:

Would you like to be contacted for Loving Heart's other programs should you qualify?

Yes / No

I. Other Remarks:

Date: _____
Name & Signature of Parent/ Guardian

Date: _____
Name & Signature of LHMSCJ Staff



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Documents Required:

- Copy of Birth Certificate/ NRIC of child to be enrolled in the programme
 - Copy of NRIC of parents/ guardian
 - Copy of applicant's latest school results
 - Copy of latest Salary Slip / CPF Statement / Bank Account of parents/ guardian
-

For Official Use Only:

Approved / Rejected

Reasons if any: _____

Recommendations if any: _____

Commencement Date: _____

Case Managers Notes:
