



TADIK St. THOMAS'S CATHEDRAL KUCHING

Jalan McDougall,
93704 Kuching Sarawak
Tel: 082-412732



REGISTRATION FORM

Name of Child: _____

Date of Birth: _____ Birth Certificate No: _____

Race: _____ Gender: _____

Religion: Christianity Islam Buddhism Others

For Christians:-

Please state denomination: _____

Home Address: _____

Eyesight: Good Spectacles Squint

Speech: Clear Stammering

Others: Autism Dyslexia

Any Allergy: _____

Other Complaint: _____

Ever attended any Nursery/Play School: _____

If yes, name of Nursery/Play School: _____

Period of Attendance: _____

Name of Father: _____ Name of Mother: _____

Occupation: _____ Occupation: _____

Monthly Income (RM): _____ Monthly Income (RM): _____

Tel (Office): _____ Tel (Office): _____

Tel (Home): _____ Tel (Home): _____

H/P: _____ H/P: _____

EMERGENCY CONTACT

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Occupation: _____ Occupation: _____

Tel (Office): _____ Tel (Office): _____

Tel (Home): _____ Tel (Home): _____

H/P: _____ H/P: _____

We, hereby, agree to abide and be bound by the Rules & Regulations of the Tadika St. Thomas's Cathedral, Kuching

Date: _____

Signature of Parent/ Guardian*
(Full Name of Parent/ Guardian)*

***Copy of IC and Child Birth Certificate to be attached**

FOR OFFICIAL USE ONLY

Remarks: _____ R/T: _____