



CHILD'S NAME	_____	Family Photo 3 x 3 cm	DATE OF BIRTH	_____
	(Surname) (Name)		BIRTH CERT./FIN NO.	_____
	_____		HOME TEL. NO.	_____
ADDRESS	_____		SINGAPORE	_____

FATHER'S NAME	_____		E-mail Address	_____
FATHER'S CONTACT NOS.	_____		Pager	Handphone
	Office			
MOTHER'S NAME	_____		E-mail Address	_____
MOTHER'S CONTACT NOS.	_____		Pager	Handphone
	Office			

Unless otherwise instructed in writing, it is assumed that both parents are authorised to pick-up a child from Centre.
 If only one parent is granted legal custody of the child, please furnish supporting documents as well as a letter to DEL-Care stating which parent is authorised to pick-up the child from the Centre.
 If there is any change in the pick-up arrangement, please inform DEL-Care in writing.

PERSON(S) {other than parents *} AUTHORIZED TO FETCH MY CHILD FROM DEL-CARE

I hereby authorized the following persons to fetch my child, _____ from the Centre.
 I undertake to inform the Centre of any changes and will not hold DEL-Care responsible for any mishaps when my child is pick-up by such authorized persons.

NAME (1)	_____	Photo 3 x 3 cm	IC/PP NO.	_____
Relationship to Child	_____		Telephone No.	_____
NAME (2)	_____	Photo 3 x 3 cm	IC/PP NO.	_____
Relationship to Child	_____		Telephone No.	_____
Signature of Parent	_____		Date	_____