



80 Anson Road | #02-08 Fuji Xerox Tower

Singapore 079907 | Tel: 6226 2556 or 9186 9933

Email: admin@del-care.com | Website: www.del-care.com

WAIT LIST APPLICATION

Date received: _____

CHILD'S PARTICULARS

Name: _____ Birth Certificate/UIN/FIN No *: _____
(include Chinese characters)

Date Of Birth: _____ Sex: Male / Female

Nationality : S'pore Citizen Permanent Resident
 Others (please specify) _____

Race : Chinese Indian Malay
 Others (please specify) _____

Current Child Care Arrangement :

Parents Grandparents Foreign Maid
 Another Child Care Centre Others (please specify) _____

Reason for putting child in Child Care :

Parents working Parents abroad To develop the child intellectually
 Others (please specify) _____

Home Address: _____

Home Telephone No.: _____ Postal Code: Singapore _____

If any a client of DEL-Care introduced you to us, please state his/her name

PARENTS' PARTICULARS

	<u>Father</u>	<u>Mother</u>
Name	_____	_____
NRIC No/UIN/FIN	_____	_____
Nationality	_____	_____
Contact No.:		
Office	_____	_____
Mobile	_____	_____
Email	_____	_____

CHILD CARE ARRANGEMENT please tick

Shenton Way Cashew Heights Pasir Ris

Full Day Half-Day (am) Half-Day (pm)

Flexi-Care (state details) _____

Preferred Commencement Date: _____

PREFERRED FREE TRIAL (3 DAYS) :

Date _____ Time _____

Date _____ Time _____

Date _____ Time _____

OTHERS (please specify) _____

REQUEST FOR BUS SERVICE

Pick Up : Venue _____ Preferred Time _____ Budget \$ _____ per month

* According to MCYS guidelines, this Application Form will not be processed unless this information is furnished.

DEL-CARE PTE LTD

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