**BORANG PENDAFTARAN**

*REGISTRATION FORM*


hub-b-bëëz

No 9, Spg 396-53-91, Kg Peninjau
Jalan Jerudong BG 3122
Brunei Darussalam

hubbbeez@gmail.com

+673 2611651 / 7265656

**LEKATKAN GAMBAR**

**UKURAN PASPORT**

**(2 KEPING)**

***Affix Passport size picture here***

***( 2 COPIES )***

***Setiap permohonan hendaklah menyertakan:**

1. **Salinan surat beranak anak**
2. **Salinan kad pengenalan ibu bapa / penjaga**
3. **Gambar anak 2 keping**

****Each form should include:***

1. ***A copy of your child's birth certificate***
2. ***A copy of parents' / guardian's identification card***
3. ***2 pieces of your child's photo***

| **A. MAKLUMAT ANAK** | ***Child Information*** |
|---|---|
| **NAMA**<br>*Name* | |
| **NAMA LAIN (JIKA ADA)**<br>*Other Name (if any)* | |
| **TARIKH / TEMPAT LAHIR**<br>*Date / Place Of Birth* | |
| **UMUR**<br>*Age* | |
| **JANTINA**<br>*Gender* | |
| **UGAMA**<br>*Religion* | |
| **KERAKYATAN**<br>*Nationality* | |
| **BANGSA**<br>*Race* | |
| **NO. SURAT BERANAK**<br>*Birth Certificate No.* | |

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| **B. KETERANGAN BAPA / PENJAGA** *Father / Guardian Information* | |
|---|---|
| **NAMA**<br>*Name* | |
| **NO. & WARNA KAD PENGENALAN**<br>*Identity Card No. & Colour* | |
| **KERAKYATAN**<br>*Nationality* | |
| **PEKERJAAN & ALAMAT**<br>*Occupation & Address* | |
| **NO. TELEFON BIMBIT / RUMAH / PEJABAT**<br>*Mobile No. / Home / Office* | |
| **ALAMAT E-MEL**<br>*E-mail Address* | |
| **C. KETERANGAN IBU** *Mother Information* | |
| **NAMA**<br>*Name* | |
| **NO. & WARNA KAD PENGENALAN**<br>*Identity Card No. & Colour* | |
| **KERAKYATAN**<br>*Nationality* | |
| **PEKERJAAN & ALAMAT**<br>*Occupation & Address* | |
| **NO. TELEFON BIMBIT / RUMAH / PEJABAT**<br>*Mobile No. / Home / Office* | |
| **ALAMAT E-MEL**<br>*E-mail Address* | |

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| **D. MAKLUMAT KESIHATAN ANAK** | ***Child's Health Information*** |
|---|---|
| **ALAHAN MAKANAN**<br>*Food Allergies* | **TIDAK ADA /** *None* _____ *(√)*<br>**JIKA ADA, SILA NYATAKAN /** *If yes, please state down* |
| **ALAHAN LAIN**<br>*Other Allergies* | **TIDAK ADA /** *None* _____ *(√)*<br>**JIKA ADA, SILA NYATAKAN /** *If yes, please state down* |
| **SEJARAH PENYAKIT DAN KECEDERAAN**<br>*History of illnesses and injuries* | **TIDAK ADA /** *None* _____ *(√)*<br>**JIKA ADA, SILA NYATAKAN /** *If yes, please state down* |

| **E. JIKA BERLAKU KECEMASAN, SILA HUBUNGI**<br>*In case of emergency, please contact* | |
|---|---|
| **NAMA**<br>*Name* | |
| **NO. TELEFON**<br>*Telephone No.* | |
| **HUBUNGAN DENGAN ANAK**<br>*Relationship to child* | |

| **F. MAKLUMAN LANJUT** | ***Additional Information*** |
|---|---|
| **KETAKUTAN**<br>*Fears* | |
| **HAL – HAL LAIN**<br>*Others* | |

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## PAKEJ YANG DIPILIH (√) *  *Desired Package* (√)

| **Pakej**<br>*Packages* | **Yuran bulanan** / *Monthly fees* | | | |
|---|---|---|---|---|
| | **Setengah hari**<br>*Half day* | | **Sepenuh hari**<br>*Full day* | |
| **Bumble Babies (3-9 bulan)** | **$180** | | **$250** | |
| **Bumble InTots (10-36 bulan)** | **$160** | | **$230** | |

**SAYA MENGAKU BAHAWA SEGALA MAKLUMAT YANG TELAH DIBERIKAN ADALAH BETUL DAN BENAR. SAYA JUGA BERJANJI UNTUK MEMBUAT PEMBAYARAN YURAN BULANAN SECARA PENUH DAN PENDAHULUAN, MENGIKUT PAKEJ YANG DIPILIH BAGI ANAK SAYA UNTUK DITERIMA DI PUSAT PENJAGAAN INI (YURAN BULANAN TIDAK AKAN DIKEMBALIKAN) .**

*I bear witness that all the above information are true and correct to my knowledge.*
*I agree to pay the monthly fees in full according to the desired package and in advance for my child to be accepted in this day care (monthly fees are non-refundable)*.

**TANDATANGAN IBUBAPA / PENJAGA**

*Parents' / Guardian Signature*

_____ **TARIKH** / *Date* **:** _____

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**BAGI KEGUNAAN PEJABAT** ***For Office Use***

**Registration Form received by: _____**

**Checklist:**

- ☐ **Child's photo (x2)**
- ☐ **Child's birth certificate (x1)**
- ☐ **Parents' / guardians' IC (x1)**
- ☐ **Child's medical & progress report (if any)**
- ☐ **Declaration Form**
- ☐ **Total payment received: $_____**

**Receipt No: _____**

**Receipt Date: _____**

**Signature: _____** **Date: _____**

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# DECLARATION OF UNDERTAKING

**Child's Name:** _____

1. **Payment of Fees**
   a) I agree to pay the monthly fees before the 7th day of each month.
   b) I understand that the management reserves the right to impose late fees of $10 for every week the outstanding fees are due.

2. **Long Absenteeism**
   a) I understand that 2 weeks written notice is required to inform caretakers regarding my child's absence for a period of at least 1 month.
   b) Failure to do so will result in full payment of the monthly fees.

3. **Infectious Diseases**
   I understand that my child will not be allowed within the daycare premises should they contract a contagious disease until he/she has fully recovered.

4. **Daycare Cancellation**
   a) I understand that 2 weeks written notice is required for daycare cancellation.
   b) The management of Hub-b-beez Daycare reserve the right to issue reminder letters with a view to claim any outstanding sums owed to the establishment, including opting for legal action where necessary.

Signature of Parent/Guardian: Date:

_____ _____

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