

BORANG PENDAFTARAN

REGISTRATION FORM

**Hub-b-beez**

No 9, Spg 396-53-91, Kg Peninjau
 Jalan Jerudong BG3122
 Brunei Darussalam
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LEKATKAN GAMBAR**UKURAN PASPORT****(4 KEPING)**

*Affix Passport size
 picture here*

(4 COPIES)***Setiap permohonan hendaklah menyertakan:**

1. Salinan surat beranak anak
2. Salinan kad pengenalan ibubapa / penjaga
3. Gambar anak 4 keping

***Each form should include:**

1. A copy of your child's birth certificate
2. A copy of parents' / guardian's identification card
3. 4 pieces of your child's photo

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

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

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

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

| F. MAKLUMAN LANJUT | | <i>Additional Information</i> |
|--|--|-------------------------------|
| KETAKUTAN <i>Fears</i> | | |
| HAL - HAL LAIN <i>Others</i> | | |

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

| Pakej <i>Packages</i> | Yuran bulanan / Monthly fees | | | |
|---------------------------------------|---|--|--|--|
| | Setengah hari <i>Half day</i> | | Sepenuh hari <i>Full day</i> | |
| Bumble Babies (3 – 9 months) | \$200 | | \$280 | |
| Bumble InTots (10 – 36 months) | \$180 | | \$260 | |

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 : _____**BAGI KEGUNAAN PEJABAT***For Office Use*

Registration Form received by: _____

Checklist:

- Child's photo (x4)
- 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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