

ENROLMENT FORM



Centre for Adults with Intellectual
and Developmental Disabilities

Agape
Village,

7A, Lorong 8 Toa Payoh,
#04-01, Singapore 319264

TEL: 6801 7400 DID: 6801 7476

Email: Admin@mamreoaks.sg

Referred by:

CHILD/WARD'S PARTICULARS

Name:		Gender:	Age:	Date of Birth:
NRIC No:		Citizenship:	Male: <input type="checkbox"/>	Religion:
Tel (Home):		Tel (Child's Mobile):	Female: <input type="checkbox"/>	
Child's Email (if any):				
Residential Address:				
Mailing Address: <i>(if not the same as above)</i>				
Does your child/ward have any medical condition? Y / N If Yes, kindly elaborate.				
Does your child/ward need to take medication? Y / N If Yes, kindly elaborate.				
What is your child's/ward's disability?				
Does your child/ward has any unique behavioral patterns that we should take note of? What are his/her likes and dislikes?				
Your child's/ward's past work experience <i>if any</i>				
If he/she has not been working, what does he/she do in a usual day?				

Drug Allergy	Food Allergy	Other Allergy
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EDUCATION INFORMATION

PRIMARY SCHOOL	LOCATION	FROM (Year)	TO (Year)	REASON FOR LEAVING
SPECIAL SCHOOL	LOCATION	FROM (Year)	TO (Year)	REASON FOR LEAVING
ADULT / TRAINING CENTRE	LOCATION	FROM (Year)	TO (Year)	REASON FOR LEAVING

FAMILY COMPOSITION (including all siblings not staying in the same address)

NAME	NRIC NO	DATE OF BIRTH	RELATIONSHIP TO MEMBER	MOBILE CONTACT NO

EMERGENCY CONTACT PERSONS' DETAILS

Name:	Relationship:
Residential Address:	
Contact No: Mobile:	Home: Office:
Email Address:	
Name:	Relationship:
Residential Address:	
Contact No: Mobile:	Home: Office:
Email Address:	

Name:	Relationship:	
Residential Address:		
Contact No: Mobile:	Home:	Office:
Email Address:		

Means testing for our Centre is mandatory with effect from 1 May 2016.

(By Board of Committee).

- All employed/self-employed adults must submit their **last 12 months CPF contribution history**.
- **Unemployed** adults must submit their duly signed declaration forms. (From Mamre Oaks' website)
- If no submission – the fee will be unsubsidized rate.

MEANS TESTING (for all members staying in the same address)		
NAME	OCCUPATION	MONTHLY GROSS SALARY
Other Expenses (of applicant) to Special Services: eg. Respite, Home, Caregiver services.	Services: (Indicate type of services and name of organizations)	\$
Financial Assistance:	From: (Indicate which organizations)	\$

By undersigning, I have given the above information correct and accurate. I allow Mamre Oaks' staff to acquired necessary information from my child's/ward's previous school/Centre. I consent that the personal data provided by me will be used for evaluation purpose only and will be destroyed if data are no longer required.

Signature: _____

Date: _____

Name: _____

Catholicism

I understand that Mamre Oaks Day Activity Centre is a Catholic Organisation funded by Caritas Singapore, where its Catholic belief and tradition are followed throughout the year, e.g. morning and meal-time prayer, Mass, singing Christian songs, celebrating Christmas, Easter and other feast days. I hereby allow my child to take part in the above-mentioned activities.

We do not proselytize to our members.

Name and Signature

FOR OFFICIAL USE

Documents to be submitted:

	Copy of birth Cert / NRIC - Member		Last 12 months CPF contribution history
	Copy of NRIC – Both Parents/Caregivers		Self-Declaration Form (<i>Unemployed</i>)
	Social Report		X-ray (<i>upon confirmed admission</i>)
	Medical Report		HEP-B check (<i>upon confirmed admission</i>)
	School report		Registration Fee (<i>1 month fee</i>)
	Psychological report (<i>if any</i>)		
	CHAS Card (<i>if any</i>)		
	Photocopy of all bank accounts book (<i>for FA family</i>)		

DAILY ROUTINE

Does your child has any special Diet requirement or restriction:

Does your child has any toileting issues;

Does your child able to change by themselves;

Does your child any limitation to physical activities;

Any other concerns that requires the Centre to pay attention;