

ENROLMENT FORM



Centre for Adults with Intellectual
and Developmental Disabilities

Agape Village,
7A, Lorong 8 Toa Payoh,
#04-01, Singapore 319264
TEL: 6801 7476 FAX: 6801 7404
Email: Admin@mamreoaks.sg

Referred by:

CHILD/WARD'S PARTICULARS

Name:		Gender:	Age:	Date of Birth:
NRIC No:	Citizenship:	Male: <input type="checkbox"/>	Religion:	
		Female: <input type="checkbox"/>		
Tel (Home):	Tel (Child's Mobile):	Child's Email (if any):		
Residential Address:				
Mailing Address: (if not the same as above)				

ABOUT YOUR CHILD

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 primary disability? Secondary disability (if any)?
Does your child/ward has any unique behavioral patterns that we should take note of? What are his/her likes and dislikes? Does your child/ward has violent tendencies?
Your child's/ward's past work experience if any

If he/she has not been working, what does he/she do in a usual day?

Does your child has any toileting issues? If yes, is he/she wearing diapers? For female, can she manage her menstruation? Does your child able to bath and change by themselves?

Does your child have any limitation to physical activities?

Does your child/ward has ever run-away from the school, home or other services?

Any other concerns that requires the Centre to pay attention;

Does your child has any special Diet requirement or restriction?

Food Allergy	Drug Allergy	Other Allergy

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:	
Mobile:	Home: Office:
Email Address:	
Name:	Relationship:
Residential Address:	
Mobile:	Home: Office:
Email Address:	
Name:	Relationship:
Residential Address:	
Mobile:	Home: Office:
Email Address:	

MEANS TESTING

Means testing for our Centre is mandatory with effect from 1 May 2016. *(By the Board)*.

- Every employed/self-employed adults must submit their **last 12 months CPF Statement of Account** and/or **income-tax return for last years**.
- **All unemployed adults** must submit an individual self-declaration form, to be signed in the presence of a staff during the interview. (Download Form from Mamre Oaks' website)
- If no submission – the fee will be unsubsidized rate.

(All members staying in the same address must fill up)

NAME	OCCUPATION	MONTHLY GROSS SALARY	SIGNATURE
Expenses of other Special Services use by applicant: eg. Respite, Home, Caregiver services, Therapies, etc	Services: (Indicate type of services and name of organizations)	\$	
Currently receiving Financial Assistance	From: (Indicate which organization(s))	\$	

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.

Name: _____

Date: _____

Signature: _____

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.

Parent/Caregiver Name and Signature

FOR OFFICIAL USE

Documents to be submitted:

	*Copy of birth Cert/NRIC/Passport - Member		Last 12 months CPF Statement of Account
	*Copy of NRIC/Passport – Both Parents/Caregivers		Self-Declaration Form (<i>Unemployed</i>)
	Social Report		Last 3 years Income Tax Return
	Medical Report		X-ray (<i>upon confirmed admission</i>)
	School report		HEP-B check (<i>upon confirmed admission</i>)
	Psychological report		Registration Fee (<i>1 month fee</i>)
	CHAS Card (<i>if any</i>)		
	Photocopy of all bank accounts book (<i>for FA family</i>)		

* NRIC/BC/Passport copies are collected for purposes of processing Means Testings and applications to Governments Agencies where required.



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Date: _____

Name of my child/ward: _____

Consent for information sharing from previous School/Services

I hereby also grant consent for Mamre Oaks Ltd to gather where required, any added information from my child's/ward's previous school/services, solely for the purpose of understanding and helping my child/ward to transit more smoothly into the new environment at Mamre Oaks' Day Activity Centre.

Caregiver Name

Caregiver Signature