

PILLARS Membership Application Form

Particulars of Child with Special Needs

Name of Child:	NRIC:	DOB:	Annual membership fee of \$12 per family is applicable. Please make cheques payable to “Rainbow Centre” and send with completed form to: Rainbow Centre 501 Margaret Dr Singapore 149306
Diagnosis :	Nationality:	Gender: F / M	
Mailing Address:			
Household Income: <input type="checkbox"/> < \$2000 <input type="checkbox"/> > \$2000 (Membership fee of \$12 is waived for those with household income less than \$2000)			
School Currently Attending: <input type="checkbox"/> RCMDS <input type="checkbox"/> RCBS <input type="checkbox"/> Nil <input type="checkbox"/> Others: _____ (please specify)	For students of RCMDS / RCBS, please indicate Programme: <input type="checkbox"/> EIPIC <input type="checkbox"/> PCMH <input type="checkbox"/> Early STEP <input type="checkbox"/> STEP		Status: <input type="checkbox"/> In Class <input type="checkbox"/> On Wait List

Siblings and/or Grandparents staying with family

Name	Relationship	DOB

Father's Particulars

Name:	NRIC:	DOB:
Mailing Address: (if different from child's)		Nationality:
Contact Nos:	Email:	
Occupation:	Languages Spoken: <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil	
√ I have read and agree to abide by the Group Norms of PILLARS.		
Signature: _____		Date: _____

Mother's Particulars

Name:	NRIC:	DOB:
Mailing Address: (if different from child's)		Nationality:
Contact Nos:	Email:	
Occupation:	Languages Spoken: <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil	
√ I have read and agree to abide by the Group Norms of PILLARS.		
Signature: _____		Date: _____

For official use

Date joined:	Membership Fee Collected (Yr _____): <input type="checkbox"/> \$12 <input type="checkbox"/> Waived	Receipt no: RC No. _____
--------------	---	-----------------------------