

Name of Member (Full name as in NRIC): \_\_\_\_\_

Name of Child : \_\_\_\_\_

Name of Child : \_\_\_\_\_

Name of Child : \_\_\_\_\_

Address: \_\_\_\_\_ ( )

Tel No: (H) \_\_\_\_\_ (O) \_\_\_\_\_ (HP) \_\_\_\_\_ Fax No.: \_\_\_\_\_

NRIC No: \_\_\_\_\_ Membership No.: \_\_\_\_\_ Membership Expiry: \_\_\_\_\_

I would like to pay by:  Cash / NETS at Patient Education Centre, Level1, KK Women's and Children's Hospital

Cheque No: \_\_\_\_\_ (Crossed and made payable to KK Women's and Children's Hospital Pte. Ltd.)

VISA\*  MASTERCARD\*  AMEX\*\* **Credit Card No:** \_\_\_\_\_

**Expiry Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Amount paid** (Non-refundable) \$ \_\_\_\_\_ **Receipt No.:** \_\_\_\_\_ (For official use only)

\*\* For credit card payment, please fill up above, sign and fax it to 6394 1267 for immediate processing of payment.

\*\* Seats are confirmed on a first-paid-first-served basis. The official receipt will be issued to you upon full payment.

Please mail the registration form to:

**KK Juniors Club** c/o Patient Education Centre, KK Women's and Children's Hospital 100 Bukit Timah Road,  
Singapore 229899 Reg No 198904227G

	Member	Non-Member
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Baby Weaning Workshop	<input type="checkbox"/>	<input type="checkbox"/>
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How to Raise Your Kid's Financial Intelligence	<input type="checkbox"/>	<input type="checkbox"/>
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Chinese New Year Special	<input type="checkbox"/>	<input type="checkbox"/>
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Acquire Life Skill Though LapSci	<input type="checkbox"/>	<input type="checkbox"/>
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Brought to you by:

