



AECES

ASSOCIATION FOR EARLY CHILDHOOD EDUCATORS (SINGAPORE)

Project Hand in Hand Referral Form

Name as in Birth Certificate:			
Level/ Age:	Please circle*: Nursery/ K1/K2/ Playgroup		
Gender:		School Timing:	
Require assistance:	Please circle*: To school from home/ from school to home		
School address:			
Home address:			
Reasons for requiring assistance:			
School attendance in past two months	Please attach attendance from school for supporting document if possible.		
Referrer Details			
* Please note that you will receive a call from us should we require additional details on the family background			
Name & Organisation of referrer:			
Contact Details of Referrer:			

I, _____ (Name & NRIC) consent for my child to be on the Project Hand in Hand and am agreeable to receive assistance from a volunteer to bring my child to/from school when I am unable to do so.

Signature:

Date:

Contact No.:

Important note on your personal data: We handle your personal data with care. Personal data held by us will only be used in accordance with purpose for which it was collected and directly related purposes. Please send the form to handinhand@aeces.org or mail it to: 18 Hougang Avenue 3 #01-159 Singapore 530018.

A Community Project by Association for Early Childhood Educators (Singapore)
Blk 18, Hougang Avenue 3 #01-159 Singapore 530018. Tel No. 62814989. Fax 62814328.
Website: www.aeces.org Updated: 13 February 2017