



Registration Form

Welcome to BRIGHTFuture Learning Center! First of all, we would like to thank you for enquiring with us. Before we can proceed, kindly fill up this form so that we can know more about you and your child.

Parent/ Guardian Details

Name: _____

HP no: _____

Email: _____

Relationship with child: _____

Child's Details

Name: _____

Date of Birth: _____

Age: _____

Gender: _____



Services Needed

Referred by:

Services needed:

Concerns about child/reason for the visit:

Thank you. 😊

BrightFuture Learning Centre