

Fatimah Kids Club



Registration Form

Parent's Name : _____

Address : _____

Tel. No : _____ (H) _____ (H/p) _____ (O)

Services your child has : Born at Hospital Fatimah Admitted at Hospital Fatimah Outpatient at Hospital Fatimah Paediatric Clinic
(Please tick accordingly)

Child's Full Name : _____

Age : _____

Date of Birth : _____

Place of Birth : _____

Sex : Male Female



Joining fee of RM 5.00 can be paid in cash or cheque payable to **Hospital Fatimah**.

Correspondence can be sent to Ms. Susan Lim at Community Development Department.
Hospital Fatimah 1, Lebuah Chew Peng Loon, Off Jalan Dato' Lau Pak Khuan, Ipoh Garden 31400 Ipoh.
Tel : 05-5455777 Fax : 05-5477050