

To: Maris Stella Kindergarten  
49B Holland Road  
Singapore 258852  
Tel: 64743590/ Fax 64792874

### **ACKNOWLEDGEMENT**

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_ Level: \*Nursery / K1 / K2 Session: \_\_\_\_\_

We/I \_\_\_\_\_ of NRIC NO. \_\_\_\_\_

have read the Policies & Procedures of Maris Stella Kindergarten and agree to abide by them.

Acknowledgement by Parent/s:

(Signature) \_\_\_\_\_ Date: \_\_\_\_\_

(Kindly complete this form and submit a copy to the Administration Office .)

\* Delete accordingly