



MARIS STELLA KINDERGARTEN REGISTRATION FORM



(Please fill in BLOCK letters)

Name of Child: **Male** **Female**

Chinese Character

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Date of birth :

Birth Certificate No.: **Citizenship:**

Address:

..... **Postal Code:**

Birth order of child:of **Race:** **Religion :**

Register for: **Nursery** **K1** **K2** **Year:**

Session: **morning [8.45am – 11.45am]** **afternoon [12.00 nn – 3.00 pm]**

Name of Sibling/s currently in Maris Stella Kg.

Level: **Nursery** **K1** **K2** **Session:** *am / pm

ABOUT THE FAMILY

Father:

Name: _____

NRIC: _____

Occupation : _____

Phone (h/p): _____

Race: _____

Nationality: _____

Email: _____

Mother:

Name: _____

NRIC: _____

Occupation: _____

Phone (h/p): _____

Race: _____

Nationality: _____

Languages spoken at home: _____

EMERGENCY CONTACTS (other than parent/guardian)

Name : _____ **NRIC No.** _____

Relationship to child _____ **(H/p #)** _____

PERSON AUTHORIZED TO PICK UP CHILD

Name : _____ **NRIC No.** _____

Relationship to child _____ **(H/p #)** _____

ABOUT YOUR CHILD'S HEALTH

A copy of your child's immunization record must be included with the application before the latter will be processed.

Does your child have any medical or health concerns that the teacher should be aware of? Yes No

If yes please explain:

(Please provide photocopy of the medical report, where necessary.)

Allergies: (i.e. food/drugs/insects/animals/medication): _____

In the event that your child needs emergency medical attention, the teacher will attempt to contact you or your emergency contact person. If the teacher fails to reach either one and your child has to be taken to an emergency clinic, we will do this by ambulance or taxi at your expense. We will continue to attempt to reach you or your emergency contact person. Please authorize us to take your child to an emergency clinic by signing the following statement:

Acknowledgement by Parents:

I, _____, NRIC NO. _____

parent/guardian of _____

authorize the staff at Maris Stella Kindergarten to take the child to an outpatient clinic for medical attention when I or my emergency contact person cannot be reached. I will reimburse the Kindergarten for medical and/or transport cost incurred.

Signature: _____

Date: _____

ABOUT YOUR CHILD'S HISTORY

What are your child's:

Favourite activities: _____

Favourite toy or security object: _____

Favourite food: _____

Food dislikes: _____

Sleeping pattern: _____

Toileting practices: _____

Is your child subject to: (please indicate 'yes' or 'no')

Ear/nose/throat infections: _____

Urinary tract infections: _____

Bleeding noses: _____

Skin problems: _____

Seizures: _____

Emotional problems: _____

Learning disabilities: _____

----- **for office use only** -----

1. Registration Application received on : _____ **(date)**

2. Registration fee received on: _____ **(date)**

3. Miscellaneous fee received on: _____ **(date)**

4. Other fees received: (specify) _____ **(date)**

5. Joined MSK (dd/mm/yy): _____

6. On the Waiting list no: _____ **of** _____ **Level:** _____ **Session: *am/pm**

7. Year Graduated/Others (specify): _____

***Delete accordingly**

MARIS STELLA KINDERGARTEN

PARENT'S CONTRACT

Please tick ✓ the boxes.

- I will abide to Maris Stella Kindergarten's admission policies and procedures.
- In the event I wish to withdraw my child from Maris Stella Kindergarten, I will give two (2) months' written notice or two (2) months' fees in lieu of such notice to the Maris Stella Kindergarten. If the written notice is not given or if the child is withdrawn prior to the expiry of such notice, Maris Stella Kindergarten reserves the right to claim for the balance of the fees if the child is withdrawn prior to the expiry of such notice.
- I understand that all fees paid to the Kindergarten are not refundable.
- If I cannot make it on time to pick my child from school, I will call an authorized caregiver to pick-up my child.
- I understand that my child will not be released to anyone not appearing on the "persons authorized to pick up child" list.
- I agree not to send my child to the kindergarten if he/she is ill. Eg. fever of 38° C or higher, has an infectious disease, if he is too ill to go outside, or a contagious condition.
- If my child becomes ill at the kindergarten, I will come to get him/her, or an authorized person will do so on my behalf.

Acknowledgement by Parent:

Child's Name: _____

Level: N2 K1 K2

I _____ of NRIC No. _____ declare that all information given by me to Maris Stella Kindergarten in the registration form is accurate and complete. I have also read all that is stated in Maris Stella Kindergarten's admission policies and procedures and agree to abide by them.

Signature of Parent: _____ Date: _____

Please submit a signed copy of this form upon registration.

Maris Stella Kindergarten Parent's Permission Form

1. I hereby give permission for my child _____
to go on field trips arranged by the kindergarten. (I will be informed of any
special fieldtrips by the kindergarten.)

Yes No If no, please give reason _____

I understand that all precautions will be taken by the Kindergarten to ensure the
safety of my child. Hence I declare that I will not hold the Management and staff
of the Kindergarten responsible for any unforeseen mishap that may happen to
my child in and out of the school hours.

Yes No If no, please give reason _____

2. I hereby give permission to have pictures and/or videos taken of my child in the
program setting for general keeping and publicity purposes.

Yes No If no, please give reason _____

3. On occasion, the kindergarten receives a request from other professionals from
the community to observe the program. (We attempt to do this with the least
disturbance to the children's routine.) Do you have any objections to having your
child observed?

Yes No If no, please give reason _____

4. At times the teacher is invited to participate in a case management meeting or
has to confer with other professionals about your child. Please check the
person(s) you will allow us to be in contact with:

Special Education therapist Educational Psychologist

Speech & Language therapist Occupational therapist Counsellor

Acknowledgement:

Name: _____ Signature: _____
Parent / Guardian

NRIC: _____ Date: _____

**Note: All information about you and your family which is provided to Maris Stella
Kindergarten will be held in the strictest confidence by all involved in the
program within the school**