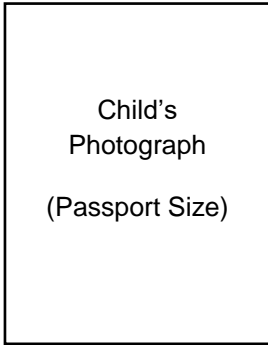




MARIS STELLA KINDERGARTEN REGISTRATION FORM

49B HOLLAND ROAD, SINGAPORE 258851
FAX: (65) 64792874 | TEL: (65) 64743590

marisstellakg@yahoo.com.sg
www.marisstella.edu.sg



Name of child: _____

Chinese character

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Date of Birth: _____

Female Male

Child's B/C No: (Citizens) / Passport or Dependent Pass No. (Foreigners): _____

Citizenship: Singapore Citizen Singapore PR Others: _____

Address: _____

Postal Code: _____

Birth order of child: ___ of ___ Race: _____ Religion: _____

Register for: Pre-Nursery Nursery K1 K2 Year: _____

Session: Morning (8.45AM – 12.15PM) Afternoon (12:30PM – 4PM)

Name of Sibling/s currently in Maris Stella Kindergarten:

Level: Pre-Nursery Nursery K1 K2 Session: *AM / PM

ABOUT THE FAMILY

Father:

Name: _____
NRIC / Passport: _____
Occupation: _____
Highest education: _____
Handphone: _____
House Phone: _____
Race: _____
Nationality: _____
Email: _____

Mother:

Name: _____
NRIC / Passport: _____
Occupation: _____
Highest Education: _____
Handphone: _____
House Phone: _____
Race: _____
Nationality: _____
Email: _____

Language spoken at home: _____

EMERGENCY CONTACTS (other than parent/guardian)

Name: _____ NRIC No: _____
Relationship with child: _____ (HP No.): _____

PERSON AUTHORIZED TO PICK UP THE CHILD

1. Name: _____ NRIC No: _____
Relationship with child: _____ (HP No.): _____

2. Name: _____ NRIC No: _____
Relationship with child: _____ (HP No.): _____

PARENT'S PERMISSION

1. 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, reason _____

2. On the 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 objection to having your child observed?

Yes No, reason _____

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, when necessary.)

Allergies: (i.e. food/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 emergency clinic by signing the following statement:

ACKNOWLEDGMENT 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 Maris Stella 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 Infection: _____

Bleeding nose: _____

Skin problems: _____

Seizures: _____

Emotional problems: _____

Learning Disabilities: _____

----- FOR OFFICIAL USE ONLY-----

Date of Registration: _____ Date Joined: _____ Level: _____ Class: _____
Date joined: _____ Date withdrawn: _____ Reason for withdrawal: _____ Level / Class attending in the year: _____
FOR K2 ONLY , Date of graduation: _____



MARIS STELLA KINDERGARTEN PARENT'S CONTRACT

(Please all 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 one (1) month's written notice. The deposit will be refunded ONLY when the written withdrawal letter is submitted within the school terms, excluding school holidays. Maris Stella Kindergarten reserves the right to not to refund the deposit if the written notice is not submitted on time.
- I understand that all fees paid to the Maris Stella Kindergarten are not refundable.
- I understand that my child will not be released to anyone not appearing on the "PERSONS AUTHORIZED TO PICK-UP" list.
- If I cannot make it on time to pick-up my child from school, I will call an authorized caregiver to pick-up my child.
- I agree not to send my child to school if he/she is ill, example he/she has fever of 37.7°C or higher, an infectious disease, a contagious condition, or too ill to go outside.
- If my child becomes ill at Maris Stella Kindergarten, I will come to get him/her, or an authorized person to do so on my behalf.

ACKNOWLEDGMENT BY PARENTS:

Child's Name: _____

Level: Pre-Nursery Nursery K1 K2 Year: _____

Session: Morning (8.45AM – 12.15PM) Afternoon (12:30PM – 4PM)

I, _____ NRIC NO. _____

declare that all the 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 them

Signature: _____

Date: _____

(Please submit a signed copy of this form upon registration.)