

<p>REGISTRATION FORM</p> <p>1. Please complete the registration form.</p> <p>2. Please provide the following documents:</p> <p><input type="checkbox"/> Copy of child's Birth Certificate/Passport</p> <p><input type="checkbox"/> Copy of Parents Identity Cards/Passport</p> <p><input type="checkbox"/> Copy of child's Immunisation Records</p> <p>*At least 1 dose of MMR and primary series of diphtheria</p>	<p>Child's Photo</p>
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How did you hear about us?

Advertisement (Please state source: _____) Leaflets

Internet Recommendations Others: _____

TYPE OF SERVICE REQUIRED

SESSION 1 (8:00am - 11:00am) SESSION 2 (11:00am - 2:00pm)

EXTENDED SESSION (8:00am - 2:00pm)

DATE OF ENROLMENT : _____ DATE OF COMMENCEMENT : _____

CHILD'S PARTICULARS

Name as in Birth Certificate (underline family name) Name in Chinese (if applicable)

Home Address: _____

Sex: Male Female Birth Cert/Fin Number: _____

Date of Birth: _____ Country of Birth: _____

Birth Order: _____ No. of siblings: _____

Age: _____ years _____ months Citizenship: _____

Race: _____ Religion: _____

Previous school (if any): _____

Child's Medical History: _____

Food Allergies and Specific Dietary Requirements (if any): _____

Name and Contact of family Physician (if any): _____

Long term medication (if any): _____

Do you intend for your child to take Mandarin as a Second Language in Primary School?

If NO, tick your preferred choice below.

Mandarin lesson (no Reading and Writing) Montessori Time (English)

MEDIA PERMISSION

Your Child's / Children's photos may be published on our school's social media / printing media in the future for marketing purposes.

Personal and sensitive information will **NOT** be revealed, and the said materials will only be used exclusively for **BELLO BAMBINI MONTESSORI** purposes.

Allow

Do Not Allow

PARENTS / GUARDIANS PARTICULARS

1. FATHER / GUARDIAN

Name (as in ID): _____ NRIC / FIN No: _____

Nationality: _____ Race: _____

Date of Birth: _____ Occupation: _____

Mobile No: _____ Office No: _____

Email Address: _____

Name of Company / Employer: _____

Gross Monthly Income: _____

2. MOTHER / GUARDIAN

Name (as in ID): _____ NRIC / FIN No: _____

Nationality: _____ Race: _____

Date of Birth: _____ Occupation: _____

Mobile No: _____ Office No: _____

Email Address: _____

Name of Company / Employer: _____

Gross Monthly Income: _____

PICK-UP AUTHORIZATION

The following named individuals are the only persons authorized to pick up my child from the School. The School is indemnified from any damages, claims or any liabilities which might result from the staff of the School releasing my child to me or to any person named below.

Authorised Person #1

Authorised Person #2

Name: _____

Name: _____

NRIC / FIN No: _____

NRIC / FIN No: _____

Relationship to Child: _____

Relationship to Child: _____

Tel No: _____

Tel No: _____

EMERGENCY CONTACT

In case of an emergency, when parents or guardians are not contactable, whom should the school contact?

Name: _____

NRIC / FIN No: _____

Relationship to Child: _____

Tel No: _____

Address: _____

Please tell us about your child _____

CONDITIONS GOVERNING ENROLMENT AND ADMISSIONS

ARRIVAL AND PICK UP

1. It is the responsibility of parents to provide the school with true particulars and to notify the school. If there are changes in their particulars immediately.
2. All children are to arrive at the school on time in order to reap the full benefits of the programme.
3. The school is to be informed if your child is absent.
4. All children must be picked up on time. A grace period of 15 minutes will be given. After which \$2 per minute will be charged. If for any reason you anticipate being late, please inform any of our teachers.
5. Only parents / guardians and authorised persons are allowed to take the child home. Prior notice must be given to the school if alternative arrangements are made.
6. No parent / guardian or maid will be allowed to remain in the school during school hours.

MEDICAL ATTENTION AND PROCEDURES

1. I understand that due care for my child's safety will be exercised by the teachers at all times. However, in the event that an accident occurs and my child is hurt while he/she is at the school, I will not hold Bello Bambini Montessori or their staff responsible and will indemnify both against any claims.
2. No jewellery is to be worn by any child. The school will not take any responsibility for any loss of the child's jewellery.
3. If a child becomes ill at school, parents will be duly informed for pick up.
4. Permission is hereby granted to the school to seek medical or hospital attention for my child in the event of an emergency when it is not possible to contact me. In such event, I shall be responsible for all expenses incurred (eg. transport, medical fees and administrative costs).
5. In the interest of the well-being of the other children, physically unfit children or children with infectious disease will not be granted entry into the school. In such cases, a doctors letter of clearance will be required.
6. It is the responsibility of the parents to provide snacks and food for their child each day.
7. Oral medications are now allowed to be administered in school. As such, signed consent must be given to the school on such an occasion.

TERM FEES

1. All fees paid are non refundable, transferrable or deferrable.
2. All term fees are payable before the commencement of the new term. In the event of late payment, a penalty of 10% will be charged.

WITHDRAWAL

1. Written notice of withdrawal must be given one (1) month in advance (EXCLUDING SCHOOL HOLIDAYS). Failure to do so will result in your deposit being forfeited.

EXCURSIONS AND SCHOOL EVENTS

Parents will be notified in advance of these activities.

1. Children are encouraged to participate in all activities and events of the Centre (Excursion / Learning Journey)
2. The costs of any excursion organized by the school shall be borne by the child's parents.
3. The child's parents must, by the stipulated dateline, submit to the school the duly completed and signed permission slip together with payment.
4. Permission via phone is not acceptable.
5. There will no school on the day of excursion for the children who are not participating.

TERMINATION OF ENROLLMENT

In certain circumstances, it may be necessary for the Director to decide to discontinue a child's attendance. Such a decision would be based on whether it is in the best interest of that child, the other children in the class and the overall operation of the centre to terminate enrolment. Every effort will be made to correct a problematic situation (i.e. moving the child to another class) before a final decision is made. Termination of enrolment may be the result of the following:

1. The Parents and/or the Child has committed an act or omission which jeopardizes threatens or undermines the health safety wellbeing or security of any other members of the School and/or the stability or integrity of the School or the Course.



2. The Child is unable to participate meaningfully in the curriculum of the School or has committed a serious breach of discipline.
3. Abuse of children, staff or property
4. The centre's inability to meet the child's needs.
5. An overdue payment of Term Fees.

Whenever possible, in the event of termination of enrolment, written notification of one (1) month will be provided to the parent.

SPECIAL REQUESTS

1. Any request for pro-rated fees due to unforeseen circumstances such as unexpected departures, holidays and etc. will not be entertained.
2. In the event of short/long absences e.g. travel or illness, temporary closure by directives or holidays, full fees are still payable and requests for make-up lesson will not be entertained.

PARENTS' ACKNOWLEDGMENT

1. The details of this form are in best of my knowledge true and correct and I will keep the school informed of any changes.
2. I have read the conditions of the school as above and I agree to abide by the terms and conditions.
3. The school reserves the right to amend any clause stated herewith without prior notice.
4. By signing below, I certify that I have read, understood and accepted all of the terms and conditions described in this agreement.

Name of Parent/Guardian & ID No

Signature of Parent/Guardian

Date

School bus registration form

Part 1 - Particulars of student

Name of student :	Date of Birth (DD/MM/YY):
Residential home address (in full)	
Postal code :	

Part 2 - School bus transport service

Service required:	Two way	One way to school	One way from school
Pick-up address to school OR Drop-off address from school (if different from residential home address)			
Postal code:			

Part 3 - Particulars of parents / guardians

Name of Father	Contact No:
Name of Mother	Contact No:
Name of Guardian	Contact No:
Please indicate first-person-to-contact :	Home Tel No:

Part 4 Term Fee

Distance	One Way	Two Way	Distance	One Way	Two Way
Up to 2 km	\$480	\$570	4 km to 5 km	\$570	\$660
2 km to 3 km	\$510	\$600	5 km to 6 km	\$600	\$690
3 km to 4 km	\$540	\$630	6 km to 8 km	\$660	\$750

- Distance please check google map

Please tick the relevant box.	
<input type="checkbox"/> Yes, we will be taking the school bus service	
<input type="checkbox"/> No, thank you.	
Parent's / Guardian's signature	Date