

REGISTRATION FORM				
Kindergarten Program		Extended Programs		
Regular Sessions [8:30am – 12:30pm]		Mother Tongue Enrichment [1:30pm – 2:30pm]	Montessori Enrichment [2:30pm – 3:30pm]	
Level:	<input type="checkbox"/> CASA 1 <input type="checkbox"/> CASA 2 <input type="checkbox"/> CASA 3	<input type="checkbox"/> Hindi <input type="checkbox"/> Tamil <input type="checkbox"/> Chinese	<i>Structured enrichment program covering Montessori English, Montessori Math, and Junior Art.</i>	
1. CHILD'S PARTICULARS				
Name (as in Birth Cert./FIN)				
Chinese Characters		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth Cert No. (For Singaporeans) / FIN		Citizenship		
Date of Birth (dd/mm/yyyy)		Race		
Language Spoken at Home	<input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others (Specify):			
Religion of the Child	<input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Hinduism <input type="checkbox"/> Islam <input type="checkbox"/> Others:			
Residential Address			Home Tel No:	
School Last Attended				
2. PARENTS' / GUARDIAN'S PARTICULARS				
	Father/Guardian		Mother/Guardian	
Name				
Date of Birth (dd/mm/yyyy)				
Citizenship				
NRIC/FIN				
Highest Academic Qualification Attained				
Occupation				
Name of Company				
Mobile No.				
Tel. No. (Office)				
Email address				
Religion	Buddhism / Christianity / Hinduism / Islam / Others:		Buddhism / Christianity / Hinduism / Islam / Others:	
3. IN CASE OF EMERGENCY, PLEASE CONTACT				
Name:		Contact No.		Relationship to Child
NRIC:				
4. CHILD'S MEDICAL HISTORY <i>(Please attach details where necessary)</i>				
1. Does your child have any food/medical allergies? If yes, please specify.				
2. Is there any food or drink that your child is not allowed to consume? If yes, please specify.				

3. Is/was your child on long-term medication? If yes, please specify.	
4. Name, contact and address of family physician of child, if any	
5. Does your child have any special needs? If yes, please elaborate or attach medical report.	
6. Is there anything else about your child that the school should be aware of? If yes, please specify.	

5. SIBLING/REFERENCE

1. Are any of the siblings currently enrolled in Milagros? If yes, please specify name and class.	
2. Have any of the siblings previously attended Milagros? If yes, please specify name and year last attended.	
3. Have you been referred by any parent? Please give details.	

6. AUTHORIZED PERSON TO PICK UP THE CHILD

Name and NRIC	Relationship	Phone	Address, if different from above

7. MISCELLANEOUS

How did you come to know about Milagros de Montessori School?

Advertisement Friends Relatives Google Facebook Others

Are any of your children alumni of Milagros? If yes, please specify their name and year last attended.

No Yes Name: _____ Year last attended Milagros: _____

Do you allow Milagros to use photographs and/or video clips of your child?

Yes No

8. REQUIRED DOCUMENTS

- 1) Original **AND** Copy of child's birth certificate
- 2) Original **AND** Copy of child's Immunization records
- 3) Original ID Cards of Parents (*for verification*)
- 4) 1 passport size photograph of the child
- 5) Passport size photo(s) of person(s) authorized to pick up the child
- 6) Fees as per the policy

AGREEMENT

By submitting all personal data listed on the form, you consent to Milagros de Montessori School collecting, using, disclosing and/or processing your personal data for the purpose of your child's registration with the school and when your child has been successfully enrolled in the school. Such personal data includes information about you and your family as set out in the registration form and documents and any other personal information you have provided.

I have read and understood the Parent Handbook including the financial policies and agree to abide by the rules, regulations, program and requirements of Milagros de Montessori School.

I authorize the centre to take the necessary measures during an emergency, as per the centre's Standard Operating Procedure.

Name of Father / Mother / Guardian

Signature & Date