

Ref No:

(Please Tick)

NEWTON

43 NEWTON ROAD
SINGAPORE 307970
TEL: (65) 6256 3952
FAX: (65) 6250 0872

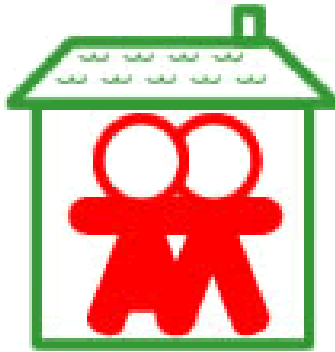
(Please Tick)

BROADRICK

11 BROADRICK ROAD
SINGAPORE 439476
TEL: (65) 6345 0087
FAX: (65) 6345 7915

MFC KINDERGARTEN

(Company Reg No: 44234900M)

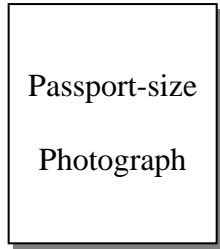


Casa dei Bambini MONTESSORI FOR CHILDREN PTE. LTD. (Company Reg No: 198700139N)

Website: www.montessori.edu.sg

E-mail: admissions@montessori.edu.sg

Application for Registration
at
Casa dei Bambini
MONTESSORI FOR CHILDREN PTE. LTD.
MFC KINDERGARTEN



PLEASE COMPLETE ALL AREAS – INCOMPLETE APPLICATIONS ARE NOT ACCEPTED, PLEASE USE SEPARATE SHEET OF PAPER IF SPACE PROVIDED IS INSUFFICIENT FOR YOU.

<u>Office Use</u>
Cheque No: _____
Ref No: _____
Received Date: _____
3 By: _____

Date: M____ D____ Y____ Requested date of Enrolment: M____ D____ Y____

Child's Name : _____ Nationality: _____
(Last, First, Other & Characters – if applicable)

D.O.B: Date: M____ D____ Y____ Sex: **Male / Female** BC/FIN No: _____

Address: _____ # _____ Postal Code _____

Home Tel: _____ Mother HP: _____ Father HP: _____

Toilet Trained? **YES** or **NO** Health Status? _____

(Please state allergies, special conditions, etc.)

Has your child attended a Montessori School previously? _____ *if yes:*
Where? _____

Records available? _____

Why did he/she leave? _____

Attended other schools? _____

Where and When? _____

Are you planning for your child to attend two schools simultaneously? _____

Does your child live with both parents, one parent or other? _____

If other, state names, addresses and relationship to child _____

PARENTS' PARTICULARS

Mother - Name: _____ NRIC/ Passport No: _____

Tel: _____ (O) Email: _____

Profession: _____ Attended Montessori? _____

Is applicant only child? _____ If no ages and sex of others _____

Father - Name: _____ NRIC/ Passport No: _____

Tel: _____ (O) Email: _____

Profession: _____

Why have you chosen the Montessori Method for your child? _____

What do you know about the Montessori Method? _____

How do you know? _____

If you both work, how many hours a day do you spend with your child/children? _____

Do you help your child/children with learning at home? _____

How? _____

If one of you do not work, do you intend starting when your child is admitted? _____

How will you measure your child's progress at school? _____

Do you compare your child with others? _____

If yes, why? _____

What language/s do you speak with your child at home? _____

What will be your child's medium of instruction when he/she attends Primary School? _____

What do you wish your child to accomplish at Montessori and how long would you allow your child to accomplish this? _____

Do you consider the Montessori method as different in any way? _____

Why? _____

Have you been to our formal presentation and if so, did you see a Montessori Class in session? _____

When? _____

Please state briefly what you observed and your comments if any _____

Do you realize that your child, if admitted, will be in a mixed aged group class? _____

Do you have any comments about this? _____

Have you read our brochures? _____

What are your comments? _____

Is your spouse supportive of Montessori? _____

Are you or your Employer responsible for Tuition Fees? _____

Have you read our Fee Policy and terms of payment? _____

Have you noted our calendar and the holidays? _____

Have you considered and resolved your child's transport to and from school? _____

- ❖ I enclose a **\$52-50** cheque payable to **MFC KINDERGARTEN** (for Newton) / **MFC KINDERGARTEN Broadrick Road** (for Broadrick) as application fee for registration for admission of my child for a 3 hours, 5 days a week session (excluding school and public holidays);
- ❖ I understand that this application, if accepted, is not a guarantee, for obtaining a placement nor a placement by requested enrolment date;
- ❖ I understand that my child may be offered an morning (8.30 – 11.30) or afternoon (12.30 – 3.30) session depending on the waiting list at MFC Kindergarten and the position of my application on that list, subject to condition below;
- ❖ I understand that this application is subject to acceptance by MFC Kindergarten;
- ❖ I understand that the fee paid is not refundable unless my application is rejected, in which case I am eligible for a refund of **\$52-50** not later than 30 days from my application being received at MFC Kindergarten;
- ❖ I understand that the Fee Policy and rates at MFC Kindergarten may change from time to time without prior notice and the fees payable and terms of payment may differ from when I make this application to when my child, if admitted, is admitted and I further understand that any changes referred to above will be reflected in the current General Information leaflet to MFC Kindergarten that I may refer to at the school.

YOU ARE ADVISED TO RETAIN A COPY OF THIS APPLICATION FOR YOUR REFERENCE.

Signature

Name