

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

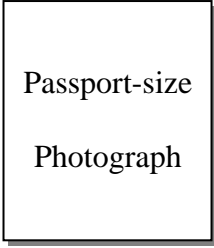
**MONTESSORI FOR CHILDREN PTE. LTD.**

(Company Reg No: 198700139N)

Website: [www.montessori.edu.sg](http://www.montessori.edu.sg)

E-mail: [admissions@montessori.edu.sg](mailto: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: D\_\_\_\_ M\_\_\_\_ Y\_\_\_\_ Requested date of Enrolment: D\_\_\_\_ M\_\_\_\_ Y\_\_\_\_

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

D.O.B: Date: D\_\_\_\_ M\_\_\_\_ Y\_\_\_\_ Sex: **Male / Female** Birth Cert/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? \_\_\_\_\_

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What do you know about the Montessori Method? \_\_\_\_\_

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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? \_\_\_\_\_

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Do you compare your child with others? \_\_\_\_\_

If yes, why? \_\_\_\_\_

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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? \_\_\_\_\_

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

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

Why? \_\_\_\_\_

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

When? \_\_\_\_\_

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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 **\$107.00** 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 (8.15 – 11.15) 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 **\$107.00** 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