MFC KINDERGARTEN
(Company Reg No: 44234900M)

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

Application for Registration
Infant Community

Website: www.montessori.edu.sg
E-mail: admissions@montessori.edu.sg
Application for Registration  
Infant Community  
at  
Casa dei Bambini  
MONTESSORI FOR CHILDREN PTE. LTD.  
MFC KINDERGARTEN

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

Child’s Name : ______________________________________ Nationality: ________________________

(Last, First, Other & Characters – if applicable)

D.O.B: D____ M____ Y_______  
Sex: Male / Female  
Birth Cert/FIN No: ____________

Address: ___________________________ #__________ Postal Code_______

Please detail you child’s general health conditions and history (special health problems, physical disabilities, serious accidents, hospitalization):

__________________________________________________________________________________________
__________________________________________________________________________________________

Please include any concerns (pre-natal, social, pre-academic, behavioural or medical) that may have affected your child’s development and/or educational experience thus far:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

Please detail all known allergies:

__________________________________________________________________________________________

Which stage of toilet training is your child at? Please tick below:

☐ Not attempted ☐ Attempting ☐ Partially trained ☐ Others__________________________

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

__________________________________________________________________________________________

If other, state names, addresses and relationship to child

__________________________________________________________________________________________

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__________________________________________________________________________________________
PARENTS' PARTICULARS

Mother - Name: ______________________________
NRIC/ Passport No: ________________
Tel: ______________ (O)
Tel: ______________ (H)
Tel: ______________ (M)
Email: _______________________________
Profession: _________________________
Attended Montessori? ________________
Is applicant only child? _____________
If no ages and sex of others _________

Father - Name: ______________________________
NRIC/ Passport No: ________________
Tel: ______________ (O)
Tel: ______________ (H)
Tel: ______________ (M)
Email: _______________________________
Profession: _________________________
Attended Montessori? ________________

Other - Please provide us with name of an emergency contact person in case we are unable to contact either parent.
Name: ______________________________
NRIC/ Passport No: ________________
Tel: ______________ (O)
Tel: ______________ (H)
Tel: ______________ (M)
Email: _______________________________
Relationship to child: _______________________

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? _____________
If one of you do not work, do you intend starting when your child is admitted? _____________
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/grade school?
__________________________________________________________________________________

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

Is your spouse supportive of Montessori? ________________________________________________
Are you or your employer responsible for the 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 $160.50 cheque payable to Casa dei Bambini Montessori For Children Pte Ltd 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 a morning (9:00 – 12:00) session OR an afternoon session (14:00 – 17:00) depending on the waiting list at Casa dei Bambini Montessori For Children Pte Ltd and the position of my application on that list, subject to conditions below;

• I understand that this application is subject to acceptance by Casa dei Bambini Montessori For Children Pte Ltd;

• I understand that the fee paid is not refundable unless my application is rejected, in which case I am eligible for a refund of $160.50 not later than 30 days from my application being received at Casa dei Bambini Montessori For Children Pte Ltd;

• I understand that the fee policy and rates at Casa dei Bambini Montessori For Children Pte Ltd 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