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.

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 $160.50 cheque payable to MFC KINDERGARTEN (for Newton) / MFC KINDERGARTEN (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 a 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 $160.50 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