

**REMARKS FOR OFFICIAL USE**

\*Mandatory

<b>CHILD'S PARTICULARS</b>	
Child's Name: <i>(Please underline surname)</i>	Child's photo:  <div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; text-align: center; padding: 5px;">             Photo           </div>
Height: _____ cm  Weight: _____ kg  Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	*Date of Birth: <i>(Date/Month/Year)</i>
*Singapore Birth Cert No. / FIN No. <i>(For foreigners)</i>	Nationality:  Race:
Password:	*Citizenship: <i>(Please circle whichever is applicable)</i>  Singaporean / Permanent Resident / Others
<b>MOTHER'S PARTICULARS</b>	
Mother's Name:	Home Phone:
Home Address	Occupation:

Employer's Name / Address:	Office Phone:
E-mail ID:	*NRIC No / FIN No:
<b>FATHER'S PARTICULARS</b>	
Father's Name:	Home Phone:
Home Address:	Occupation:
Employer's Name/Address	Office Phone:
*NRIC No/FIN No:	
<b>OTHER CHILDREN IN THE FAMILY</b>	
<b>OTHER PERSONS IN THE HOUSEHOLD</b>	
<b>Name</b>	<b>Relationships</b>

<b>USEFUL INFORMATION</b>
At what age will your child be moving onto a Kindergarten?  _____ years
What language(s) does your child speak at home?
Fluency in English: <input type="checkbox"/> Excellent <input type="checkbox"/> Average <input type="checkbox"/> Poor
<b>CHILD'S PERSONAL DETAILS</b>
What are your child's special interests?
Does your child have any fears? e.g. Lighting, Thunder etc.
<b>EATING HABITS</b>
Does your child feed himself/herself or does he/she needs assistance? <input type="checkbox"/> Yes (feeds himself / herself) <input type="checkbox"/> No (requires assistance)
Would you classify yourself as a <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor eater
<b>TOILET HABITS</b>
Are your child's toilet habits well established or still within the introductory stage? <input type="checkbox"/> Confident <input type="checkbox"/> Just learning
Please state below if there are any special circumstances affecting your child's behaviour or other additional comments, which you feel would help us to know your child better.
Why have you selected a Montessori School?
How do you hear about Little Oaks Montessori?

<b>AUTHORISED ALTERNATIVE EMERGENCY CONTACT AND PICK-UP PERSONS</b>	
Name  Address  FIN/NRIC Number	Telephone:
Name:  Address:  FIN/NRIC Number:	Telephone:
<b>SIGNATURE</b>	
Father's Signature:	Mother's Signature:

<b>CHILD'S MEDICAL RECORDS</b>	
Child's Name:	
Name and Address of Child's Medical Practitioner:	
Telephone Number of Child's Medical Practitioner:	
Record of Infectious Disease:	
<p><b>In the case of an emergency</b>, do we have your permission to take your child to the nearest hospital or clinic?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	
<b>RECORDS OF VACCINATIONS AND IMMUNISATIONS</b> <i>(Please comment as appropriate)</i>	
Diphtheria	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tetanus	<input type="checkbox"/> Yes <input type="checkbox"/> No
Polio	<input type="checkbox"/> Yes <input type="checkbox"/> No
Measles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mumps	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rubella	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIB	<input type="checkbox"/> Yes <input type="checkbox"/> No
BCG	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis B	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any other medical facts of which the school should be aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:
Does your child have any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify:

<b>FOR OFFICE USE ONLY</b>	
Date of First Enquiry:	
Date of Observation:	
Interview with Principal:	
Date Registration form received:	
Registration fee receipt no:	
Cash/Cheque No for deposit/waitlist fee:	
Deposit/waitlist receipt no:	
Date of Entry:	
Date of Departure:	
Remarks:	
Documents checklist:	<input type="checkbox"/> Child's Birth Certificate / FIN <input type="checkbox"/> Child's immunisation records <input type="checkbox"/> Mum's NRIC / Passport

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**AGREEMENT BY PARENT OR GUARDIAN FOR ATTENDANCE OF PUPIL OR INTENDED PUPIL AT  
LITTLE OAKS MONTESSORI PLAYGROUP/KINDERGARTEN**

In consideration of my daughter/son \_\_\_\_\_, being allowed by the principal to become a pupil at Little Oaks Montessori Playgroup/Little Oaks Montessori Kindergarten (hereinafter referred to as the school) where an organised course of education is provided, I, the undersigned being the parent (or guardian) of the pupil, hereby agree with the Principal as follows:

1. That the pupil shall attend the school regularly and punctually.
2. That the pupil shall observe the rules and regulations of the school.
3. That I agree to promptly pay such fees on demand as are mutually agreed upon prior to the commencement of each term.
4. That as a parent or guardian of the pupil I will accept such advice as may be given by the Principal or a Teacher concerning the safety and well-being of the pupil.
5. In the event of a medical emergency, and after reasonable attempts to reach me, my spouse, or any of the emergency contacts given to the school fail, the Principal and/or any of the teachers attending to my child is hereby given express permission to seek and/or if necessary, approve the administration of treatment for my child based on advice given by a qualified medical professional. I understand that any action taken in such a circumstance will be done in good faith and in the best interests of my child. I will not hold the school or any of its personnel liable in their professional or personal capacities for any undesirable consequences that may arise as a result of the treatment. Any expenses incurred by the school in this regard will be fully reimbursed by me.
6. That before I withdraw the pupil from the school, I will give the Principal **one month's previous** notice in writing.
7. That the Principal may for a reason considered by her to be good and sufficient at any time decide that the pupil ought to cease to attend as a pupil at the school on the specified date and that subject to the Principal giving me 14 days' notice before the date so specified I will withdraw the pupil from the school on that date.
8. Little Oaks Montessori Playgroup/Kindergarten, the Principal and its Teachers or any of them is not responsible or liable to any person participating in the schools of activities (indoor/outdoor) for any *death, injury, damage or loss* suffered by or caused to a pupil in the course of participation. The undersigned hereby takes to indemnify the School (*Little Oaks Montessori Playgroup Pte Ltd/Little Oaks Montessori Kindergarten*), the Principal and its Teachers against all claims brought against them arising out of *death, injury damage or loss* suffered in the course of participation. This includes all costs and expenses incurred as a result of such claims

9. Little Oaks Montessori makes every effort to care for and cater to your child’s needs. While it is our duty to maintain a safe environment for your child, we realise that accidents can occur. We hope that you will understand the necessity for such a clause and trust that you have read and understood and agree to abide by our Terms and Conditions. Thank you.

I, Mr/Mrs/Ms \_\_\_\_\_ hereby acknowledge that I have read, understood and accept the Terms and Conditions of Little Oaks Montessori Playgroup/Kindergarten

Date: _____  Signed: _____ <i>(Father’s Signature)</i>
Date: _____  Signed: _____ <i>(Mother’s Signature)</i>
Date: _____  Signed: _____ <i>(Guardian Signature-if applicable)</i>

**Note:**

1. ***In the event that we do not received the signed acknowledgement, you will be deemed to have read, understood the Terms and Conditions in totality.***
2. ***Please return this form to the administrator to prevent delay to the enrolment process***