

# Innate Montessori Pte Ltd

Head Office- 25, JLN KAKATUA. SINGAPORE (598543)  
Tel/fax- 64687449.

## Registration Form

Please fill in the blanks in BLOCK letters.

Please tick the boxes  where necessary.

All information will be held confidential.

### For Official Use

Date of Registration : \_\_\_\_\_

Registration for. : JK / CP / SP2

Registered By : \_\_\_\_\_

## PART I: CHILD'S PARTICULARS

Name of Child : \_\_\_\_\_

Chinese Characters : \_\_\_\_\_  
(If any)

Address : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone : \_\_\_\_\_

Birth Cert/Passport No. : \_\_\_\_\_  
\_\_\_\_\_

Date of Birth :

Place of Birth : \_\_\_\_\_

Gender :  Male  Female

Birth Order :  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  Others \_\_\_\_\_

Number of Siblings in the Family :  1  2  3  4  Others \_\_\_\_\_

Race : \_\_\_\_\_

Nationality : \_\_\_\_\_

Religion : \_\_\_\_\_

Languages Spoken : \_\_\_\_\_

Passport-sized  
Photo

## PART II: PARENTS' / GUARDIAN'S PARTICULARS

### FATHER / GUARDIAN

Passport-sized  
Photo

NRIC/Passport Name : \_\_\_\_\_

Home Address : \_\_\_\_\_  
(If different from child)

NRIC/Passport No. : \_\_\_\_\_ Nationality : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Race : \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address : \_\_\_\_\_

Occupation : \_\_\_\_\_ Date Joined : \_\_\_\_\_

Total Hours of Work Per Month: \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_

Office Telephone #. : \_\_\_\_\_ Mobile # : \_\_\_\_\_

Email Address \_\_\_\_\_

Highest Educational Qualification \_\_\_\_\_

Housing Type- \_\_\_\_\_

### MOTHER / GUARDIAN

Passport-sized  
Photo

NRIC/Passport Name : \_\_\_\_\_

Home Address : \_\_\_\_\_  
(if different from child)

NRIC/Passport No. : \_\_\_\_\_ Nationality : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Race : \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address : \_\_\_\_\_

Occupation : \_\_\_\_\_ Date Joined : \_\_\_\_\_

Total Hours of Work Per Month: \_\_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_

Office Telephone#. : \_\_\_\_\_ Mobile # : \_\_\_\_\_

Email Address : \_\_\_\_\_

Highest Educational Qualification : \_\_\_\_\_

### **PART III: MEDICAL HISTORY & EMERGENCY CONTACTS**

Medical History: \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Other Information: \_\_\_\_\_  
\_\_\_\_\_

### **DOCTOR'S PARTICULARS**

Name of Doctor: \_\_\_\_\_

Name of Clinic : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_

Contact No. : \_\_\_\_\_

### **EMERGENCY CONTACT NO. (OTHER THAN PARENTS, PLEASE LIST 2 CONTACTS)**

1. Name : \_\_\_\_\_ 2. Name : \_\_\_\_\_

NRIC / Passport No. : \_\_\_\_\_ NRIC / Passport No. : \_\_\_\_\_

Relationship : \_\_\_\_\_ Relationship : \_\_\_\_\_

Contact No. : \_\_\_\_\_ Contact No. : \_\_\_\_\_

### **PART IV: ENROLMENT**

Type of Programme :  Full Day  Half Day (am / pm)  Flexible  
 Enrichment Class

Transportation :  Yes  No

**My child will start on:** \_\_\_\_\_

**FOR OFFICIAL USE ONLY (TO BE COMPLETED BY SUPERVISOR)**

Remarks	Date	Amount / S\$	Cash / Cheque	Receipt Number
Registration Fee				
1 <sup>st</sup> Month School Fee				
Deposit				
Insurance				
Uniform				
Others:				
Refund Amount (If any)				

Monthly Fee : S\$ \_\_\_\_\_ Subsidy Amount : S\$75.00 / S\$150.00/ S\$300.00

Date of Enrolment : \_\_\_\_\_ Date of Withdrawal : \_\_\_\_\_

Supervisor's Signature : \_\_\_\_\_

Supervisor's Name : \_\_\_\_\_

Date : \_\_\_\_\_

# **Innate Montessori Pte Ltd**

25, JLN KAKATUA. SINGAPORE (598543)

## **Terms And Conditions**

### **REGISTRATION FEE:**

- **Non-refundable and non-transferable and is applicable to all programs.**
- To be paid during registration and upon confirmation of a place.
- Valid per entry and only for the Date of Enrolment as specified by the parent.

### **SCHOOL FEE / TRANSPORT FEE:**

- **Non-transferable.**
- School fee/transport fee are to be paid on a monthly basis.
- School fee/transport fee paid on a monthly basis is non-refundable.
- To be paid in advance and no later than the 7<sup>th</sup> of each month, after which a late payment fee of **S\$ 30.00** will be charged.
- Parents are required to pay the school fee/ transport fee and place the deposit at least one (1) month before the child commences school at the Centre.
- Parent's who confirm the enrolment date sometime during the month will have the school fee/transport fee for the first pro-rated month pro-rated accordingly.
- Parents are required to continue the payment of the monthly school fee/transport fee in full should your child be away from school due to illness, holidays and etc.
- If school fee/transport fee are not paid, we will consider your child as having withdrawn from the Centre and/or transport service. The deposit of the school fee/transport fee will then be automatically forfeited. No amount or part thereof will be refunded.

### **DEPOSIT OF SCHOOL FEE / TRANSPORT FEE:**

- **Non-transferable.**
- Valid only for the type of programme/transport service enrolled.
- The Centre requires that a deposit equivalent to one (1) month's full school fee/transport fee be paid when enrolling your child.
- Sixty (60) days' prior written notice from the first day of each month must be given to the Centre Supervisor/Operator for the withdrawal of your child from the Centre/transport service. Less than sixty (60) days written notice will not be accepted. Otherwise, the deposit will then be forfeited. No amount or part thereof of the deposit will be refunded.
- An **oral notice** will not be accepted. Otherwise, your deposit will then be forfeited. No amount or part thereof of the deposit will be refunded.

Signature of Parent/Guardian: \_\_\_\_\_

- To claim for the refund of the deposit, subjected to conditions, at the end of the sixty (60) days' notice period, parents are required to meet the Centre Supervisor to sign the necessary documents. Your deposit will then be refunded by cheque or other modes of payment.

### **LATE PICK-UP CHARGES:**

- An **administrative fee** will be charged when parents come back to pick up their children after the stipulated time of care. This fee will be imposed after the scheduled time of the programme. Late pick-up charge is **S\$ 10.00** per half hour or part thereof.

### **GOVERNMENT CHILD CARE SUBSIDY:**

- Government child care subsidy is extended to both working and non-working mother/single father.
- The maximum subsidy is **S\$ 300.00** for working parents and **S\$ 150.00** for non-working parents per child per month. To qualify for the working status, the mother must be working at least 56 hours per month.

### **Amount of Subsidy**

- The rate of subsidy to parents is based on two criteria:
  - the employment status of mother/single father;
  - the type of care programme, i.e. full-day, half day or flexible care.
- Parents may apply government child care subsidy at the following rates:

<b>Regular Programme (Daily Care)</b>	<b>Working</b>	<b>Non-Working</b>
Full Day Care	S\$ 300.00	S\$ 150.00
Half Day Care	S\$ 150.00	S\$ 150.00
<b>Flexible Program</b>		
12 hours to 24 hours per week	S\$ 110.00	S\$ 55.00
Above 24 hours to 36 hours per week	S\$ 165.00	S\$ 110.00
Above 36 hours to 48 hours per week	S\$ 220.00	S\$ 150.00
Above 48 hours per week	S\$ 300.00	S\$ 150.00

Signature of Parent/Guardian: \_\_\_\_\_

## **ELIGIBILITY CRITERIA**

- To be eligible, the following criteria must be met:-
  - a) At least one parent is a Singapore Citizen
  - b) The child attending the Centre is:-
    - i) a Singapore Citizen
    - ii) below the age of 7 years and not attending primary school; and
    - iii) of the first, second, third or fourth birth order.
- Parents are required to submit the supporting documents to prove their eligibility for the child care subsidy. The documents to be submitted to the Centre for checking are :
  - a) NRIC of parents
  - b) Birth Certificate of child; and
  - c) Entry Permit / Re-entry Permit/ Passport (if applicable)
  - d) Marriage certificate – A copy.
  - e) Employment letter of the mother.
- Documentary evidence of the nationality of both parents and child must be given for verification by the Centre. For single father, the relevant legal document must be given to show that the custody of the child is with the father (e.g. Death Certificate of mother, Divorce Petition, Custody Papers, Statutory Declaration or police report stating that the child's mother has left home without known contact or whereabouts.)

**Important: Any false information given or material information withheld by the applicant for the purpose of claiming government child care subsidy is an offence and the applicant is liable for prosecution.**

## **PAYMENT OF SUBSIDY**

- Payment of subsidy will be made on a monthly basis to eligible mother/single father via the Centre.
- Subsidy will be given only from the month the application is submitted.

## **TERMINATION OF SUBSIDY**

- Payment of subsidy will be terminated for the month for which:
  - (a) the child is withdrawn from the Centre;
  - (b) the child does not attend the Centre for a minimum of one (1) day (i.e., the child must attend the Centre for at least one (1) day); or
  - (c) full fee for the full month are not paid for either a full-day, half-day or flexicare programme.

## **EMPLOYMENT STATUS**

- Working mother/single father is required to inform the Centre as and when there is a change in their employment status using Form 4 , "Notification of Change". This is to ensure that the amount of subsidy claimed is correct.

**Important: Non-disclosure of a change in employment status is an offence and the applicant for subsidy is liable for prosecution.**

(Excerpts taken from MCYS – Application for Government Child Care Subsidy in Child Care Centre.)

Signature of Parent/Guardian: \_\_\_\_\_

## **METHOD OF PAYMENT:**

- Cheque preferred.
- All cheque should be crossed and made payable to “**Innate Montessori Pte Ltd**”.
- Cash payment should be given only to the Centre Supervisor. The Centre will not be held responsible for any cash payment lost in transaction to staff other than the Centre Supervisor.

## **TRIAL PERIOD:**

- Parents can choose to enrol their child for a fourteen (14) days trial period initially. To enrol for the fourteen (14) days trial period, parents must register and pay registration fee in full. No amount or part thereof of the registration fee will be refunded upon early withdrawal.
- School fee for the fourteen (14) days initial trial period is non-refundable and non-transferable. No amount or part thereof of the fourteen (14) days school fee will be refunded upon early withdrawal.
- Should parents decide to continue with Innate Montessori Childcare Centre after the initial fourteen (14) days trial period, a deposit equivalent to one month full school fee is required.

## **ABSENCE FROM CENTRE:**

- If a child is away from school for more than a week without payment of school fee and/or a written notice to the Centre Supervisor, The center will connect to eth parents via SMS and emails; if no replies are received, we will consider the child as having withdrawn from the Centre. Parents will be required to pay the registration fee again to re-register. All re-registration will be subjected to vacancies available in the Centre.

## **CONDITIONS FOR WITHDRAWAL FROM THE CENTRE/ TRANSPORT SERVICE:**

- Sixty (60) days written notice is required for the withdrawal of the child from the Centre/ transport service from the first day of each month. Less than sixty (60) days written notice will not be accepted. School fee/transport fee will then be forfeited. No amount or part thereof of the school fee/transport fee will be refunded. (for eg- for an withdrawal that is desired on the 30<sup>th</sup> of June; the withdrawal **notice must be served on the 30<sup>th</sup> of April**)
- School fee/transport fee collected for the sixty (60) days notice period is non-refundable. No amount or part thereof of the school fee/transport fee will be refunded.
- Parents who withdraw their children without sixty (60) days written notice will also have their deposit for school fee and/or transport fee (if applicable) forfeited.
- Oral notice for the withdrawal of the child from the Centre/transport service will not be accepted. For such cases, the school fee/transport fee and/or all deposits (if applicable) will automatically be forfeited. No amount or part thereof of the school fee/ transport fee and/or all deposits (if applicable) will be refunded.

## **TERMINATION OF SERVICE:**

- The Centre reserves the right to terminate its services in any other circumstances it deems appropriate which reasons will be shared with the parents, by giving the parents two (2) months' notice in writing. ; or immediate withdrawal **can be requested** for if the matter is absolutely unreasonable and does not fit into the constitution of the centre. The full deposit will be refunded to the parents by cheque, only when the fees for the present month of attendance is paid up for.

• Signature of Parent/Guardian: \_\_\_\_\_



- The Centre also reserves the right to terminate the service given to any child by giving the parents one (1) month's notice in writing or request for immediate withdrawal should any of the following occur:
  - 1) Constant acts of violence (scratching, biting, fist-fighting, kicking, etc).
  - 2) Severe learning disabilities.
  - 3) Habitual late payment of school fee.
  - 4) Parents who do not wish to comply with the Centre's policies, rules and regulations.

**Note:**

- Parents are allowed to accompany their children for the **first two (2) days** only. The Centre Supervisor/Operator reserves the right to decide otherwise.
- Any child suffering from communicable diseases such as influenza; hand-foot-and-mouth disease; SARS; measles; chicken pox; mumps; rubella; nit and lice; infectious conjunctivitis (eye infection) and etc, will not be allowed to attend school only upon completion of their recovery period as indicated on the MC. **However, if the staff on duty observes that the child may not be fit to return to the centre, we hold the authority to request for a clearance letter from a medical practitioner for the safety of the other children enrolled in the centre.**
- In case of an accident/emergency, your child will be sent to the nearest hospital. Medical expenses will be borne by the parents. However, parents may claim the medical expenses through the Group Insurance plan taken up. The Centre will accept no liability whatsoever in the event of any repudiation from the Insurers.
- All terms and conditions, school fee and other fees are subjected to change With sufficient notice based on the EDCA guidelines notice, at the discretion of the Directors of Innate Montessori Pte Ltd.
- The Centre will endeavour to ensure the safety of your child. However, the Centre accepts no liability whatsoever for any loss or damage caused in the course of operating the Centre or whilst providing its services or be held responsible for any mishaps.

**By signing hereunder, we certify that we fully understand, agree, accept and abide by the Centre's beliefs and policies and to the financial obligations and the terms and conditions of payment of school fee and other fees as stated in Pages 5, 6, 7, 8 and 9.**

Signature of Parent/Guardian : \_\_\_\_\_

Name of Parent/Guardian : \_\_\_\_\_

Date : \_\_\_\_\_

Signature of Centre Supervisor : \_\_\_\_\_

Name of Centre Supervisor : \_\_\_\_\_

Date : \_\_\_\_\_

# Innate Montessori Pte Ltd

25, JLN KAKATUA. SINGAPORE (598543)

## Parental Authorization Form

I, \_\_\_\_\_, NRIC/Passport No. \_\_\_\_\_,  
father / mother / guardian of child \_\_\_\_\_,  
hereby authorize either of the following person to collect my child from your Centre, if I am unable  
to do so myself.

1. Name : \_\_\_\_\_  
NRIC /  
Passport No. : \_\_\_\_\_ Contact No. : \_\_\_\_\_  
Relationship to Child : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

Passport-sized  
Photo

2. Name : \_\_\_\_\_  
NRIC /  
Passport No. : \_\_\_\_\_ Contact No. : \_\_\_\_\_  
Relationship to Child : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_

Passport-sized  
Photo

**\* The authorized person(s) picking up the child must be 16 years old and above.**

In the event that a person other than the authorized person(s) stated above comes to pick the child up from the Centre, the Centre will not release the child until the Centre receives further instruction from the parents.

In signing this form, I hereby indemnify the Centre's Management & the staff of Innate Montessori Pte Ltd of any responsibilities of any mishap.

Name of Parent/Guardian : \_\_\_\_\_ Signature : \_\_\_\_\_

Date : \_\_\_\_\_

# Innate Montessori Pte Ltd

25, JLN KAKATUA. SINGAPORE (598543)

## Consent For Treatment

In case of a serious accident or emergency, and I could not be contacted through telephone, I hereby authorized the staff of Innate Montessori Pte Ltd to perform first aid or medical procedures that is deemed necessary for the benefit for my child. I understand that the staff will endeavour to the best of her ability to perform the proper medical procedures for my child and the actions performed is done with consultation by Emergency Medical Personnel or the Family Physician.

In the case of an emergency, I acknowledge that my child will be sent to the nearest hospital or clinic for proper medical attention and I understand that I will bear the full expenses of the medical cost.

Name of Child : \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Birth Cert/Passport No.: \_\_\_\_\_

Allergies : \_\_\_\_\_

\_\_\_\_\_  
Last Date of Tetanus : \_\_\_\_\_

In the event that my child sustains any minor injuries, I hereby authorized the staff of Innate Montessori Pte Ltd to perform first aid or medical procedures, which the staff deemed appropriate.

This authorization is valid until I withdraw my child from the Centre. I shall indemnify the Centre for any cost or expenses incurred by the Centre for any medical treatment or the performance of any medical procedure or consultation on my child. I shall further not hold the Centre responsible or liable for any medical treatment or the performance of any medical procedure or consultation on my child.

Name of Parent/Guardian : \_\_\_\_\_ Signature : \_\_\_\_\_

Date : \_\_\_\_\_

# **Innate Montessori Pte Ltd**

25, JLN KAKATUA. SINGAPORE (598543)

## **Transportation Request Form**

I would like to request transportation service for my child : -

Child's Name : \_\_\_\_\_

Class : \_\_\_\_\_

Address : \_\_\_\_\_

---

With effect from : \_\_\_\_\_

## **Indemnity Waiver For Transportation Service**

Innate Montessori Pte Ltd will accept no liability and responsibility whatsoever for any loss, injuries or damage caused in the event of any mishap when the children are travelling to and from the Centre.

Name of Parent/Guardian : \_\_\_\_\_ Signature : \_\_\_\_\_

Date : \_\_\_\_\_

# Innate Montessori Pte Ltd

25, JLN KAKATUA. SINGAPORE (598543)

## Field Trip Permission Form

I, \_\_\_\_\_, NRIC/Passport No: \_\_\_\_\_,  
father / mother / guardian of my child \_\_\_\_\_,  
hereby give permission for my child to leave the Centre premises for field trips, P.E. or other  
activities under the following conditions:

1. That all such activities are appropriately monitored and chaperoned by the Centre's personnel.
2. Parents are informed in advance and requested for acknowledgment of such activities via notes sent home with the children.

I agree not to hold the Centre, the sponsors of the activity or the chaperones responsible for any accidents that might occur during the course of such events.

Name of Parent/Guardian : \_\_\_\_\_ Signature: \_\_\_\_\_

Date : \_\_\_\_\_

# Innate Montessori Pte Ltd

25, JLN KAKATUA. SINGAPORE (598543)

## Publicity Release Permission Form

I, \_\_\_\_\_, NRIC/Passport No: \_\_\_\_\_,  
father/ mother / guardian of my child \_\_\_\_\_,  
hereby give permission for photographs and/ or audio and video recordings of my child and/or my  
child's work, and to use them for educational, professional and publicity purposes. This includes  
publication on the Innate Montessori Childcare Centre website and brochures (no names or  
identification will be stated).

Name of Parent/Guardian : \_\_\_\_\_ Signature : \_\_\_\_\_

Date : \_\_\_\_\_

# Innate Montessori Pte Ltd

25, JLN KAKATUA. SINGAPORE (598543)

## Child's Health Information

Name of Child : \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Birth Cert/Passport No. : \_\_\_\_\_

Height : \_\_\_\_\_ Weight : \_\_\_\_\_ Date Taken : \_\_\_\_\_

Immunization Record	
Vaccine	Date Given
BCG	
DPT	
Poliomyelitis	
Measles, Mumps, Rubella	
Hepatitis	

Medical History	
Speech disabilities	
Hearing disabilities	
Learning disabilities, if any	
Others (please specify)	

Does your child have the tendency of:-

1. High fever \_\_\_\_\_
2. Ear aches \_\_\_\_\_
3. Stomaches \_\_\_\_\_
4. Vomits easily \_\_\_\_\_
5. Cries easily \_\_\_\_\_

In case of emergency, please contact:-

Name: \_\_\_\_\_ Tel No. : \_\_\_\_\_ (H) \_\_\_\_\_ (O)

# **Innate Montessori Pte Ltd**

25, JLN KAKATUA. SINGAPORE (598543)

## **NTUC Income Junior Protection Plan**

### **PART I: CHILD'S PARTICULARS**

Name : \_\_\_\_\_ Gender : Male / Female

Birth Cert/Passport No.: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ S ( )

### **PARENTS' / GUARDIAN'S PARTICULARS**

Mother / Father / Guardian: \_\_\_\_\_

Occupation: \_\_\_\_\_ NRIC/Passport No.: \_\_\_\_\_

Address (If different from child) \_\_\_\_\_  
\_\_\_\_\_ S ( )

Tel No. : \_\_\_\_\_ (H) \_\_\_\_\_ (HP) \_\_\_\_\_ (O)

Name of Parent/Guardian : \_\_\_\_\_ Signature : \_\_\_\_\_

Date : \_\_\_\_\_

**\* S\$5.00 to be paid annually to Innate Montessori Pte Ltd**



# Innate Montessori Pte Ltd

25, JLN KAKATUA. SINGAPORE (598543)

## Alternative Care arrangements.

Dear Parents,

Kindly support to update the information at school for the provision of alternative care for your child in the event the school would need to close down due a sudden spread of HMPD or any other airborne disease that are contagious and the centre would need to remain shut for the safety of all the children .The centre could request for the closure of the centre to disinfect the centre and the materials or under the instructions of the MOH.

Name of the alternative caregiver- \_\_\_\_\_

NRIC #- \_\_\_\_\_

Contact #- \_\_\_\_\_

Relationship to the child- \_\_\_\_\_.

Address of the caregiver- \_\_\_\_\_

\_\_\_\_\_.

The information stated above is provided by-

Parents Name- \_\_\_\_\_.

NRIC # - \_\_\_\_\_.

Contact # - \_\_\_\_\_.

Relation to the Child- \_\_\_\_\_.

Signature & Date- \_\_\_\_\_.