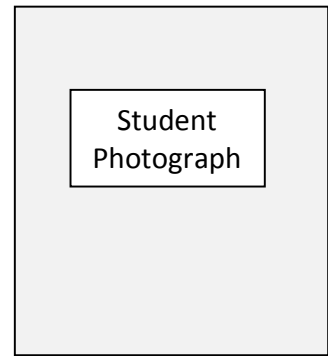




Office Use Only:
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REGISTRATION FORM

Student Details		
Child's Full Name		Other names he/she is known by
Date of Birth		Please circle Male/Female
Nationality (if dual nationality, please state)		Race and Religion
Identification Number	Birth Certificate Number	Passport/FIN Number (if applicable)
Residential Address		Post Code

Medical and Emergency Contact Information		
Name of persons to contact in case of emergency and parents cannot be reached (NB: All persons must be at least 18 years of age)	1) Relationship: IC/PP/FIN No:	Phone
	2) Relationship: IC/PP/FIN No:	Phone
Family Doctor	Name Address	Phone
Family Dentist	Name Address	Phone



Parent/Legal Guardian Details		
	Father	Mother
Name		
NRIC/FIN/PP Number		
Date of Birth		
Citizenship		
Race		
Religion		
Email Address		
Home Address		
	postcode	postcode
Mailing Address (if different to above)		
	postcode	postcode
Home Number		
Handphone/ Mobile Number		
Occupation		
Office Number		
Office Name and Address		
Highest Educational Qualification		
Income Bracket Per Year (please circle where applicable)	1) \$20,000 - \$60,000 2) \$60,000 - \$100,000 3) Over \$100,000 4) N/A	1) \$20,000 - \$60,000 2) \$60,000 - \$100,000 3) Over \$100,000 4) N/A

Siblings			
Please write in birth order	Name	Date of Birth	Gender
	1		male/female
	2		male/female
	3		male/female
	4		male/female

Medical History	
Has your child been immunised against? (please circle)	Diphtheria (compulsory) Measels (compulsory) Mumps Chicken Pox Rubella
NB: A child who is <i>not immunised</i> may be temporarily excluded from the school should there be an outbreak of a vaccine-preventable illness.	
Does your child have any medical conditions, allergies or a history of hospitalisation? If yes , please provide details	Yes/No (please circle)
Is your child asthmatic? If yes , please provide details	Yes/No (please circle)
Has your child ever suffered convulsions or epilepsy? If yes , please provide details	Yes/No (please circle)
Is your child on any regular medication? If yes , please provide details	Yes/No (please circle)
Does your child have any physical disability or learning difficulty? If yes , please provide details	Yes/No (please circle)

Student Information				
What is your child's first language?				
What languages are spoken at home?				
Is your child proficient in English?				
Do you feel your child's home language is clear?				
Can strangers understand when he/she speaks?				
Is your child fully toilet trained? If not, describe assistance needed and relevant words used at home.				
Does your child have any problems with vision or hearing? If yes, please explain.				
Are there any emotional needs the school should be aware of?				
Do you have any concerns about aspects of your child's development?				
What methods of behaviour management are used at home? (eg. "time out", sent to their room, removal of privileges)				
Please tick the words below that describe your child:				
Happy	Aggressive	Friendly	Moody	Clumsy
Dependent	Stubborn	Impulsive	Fearful	Quiet
Good Natured	Even Tempered	Attentive	Shy	Independent
Is there any information with regards to cultural or religious beliefs that staff should be aware of?				
Do you have any general comments about your child you wish to be on record?				



Schooling History (if applicable)		
School Name	Location	Age Group or Class (PN, N1, N2, K1, K2)
1.		
2.		

Authorised Collection			
Who is authorised to collect your child from school? (NB: All persons must be at least 18 years of age)			
Name	Relationship	Identification (IC/FIN/PP)	Contact Number
1.			
2.			
3.			

Second Language Choice	
Each child at Arts Kidz is involved in a second language/mother tongue class. Please select which second language you would prefer your child to learn (tick one).	Japanese
	Korean
	Mandarin

Operational Agreement	
<u>Media Consent</u> I give permission for photographs of my child to be used for documentation of school events, to appear on school websites and in marketing material	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Excursions</u> I give permission for my child to be taken on short excursions within the local community (eg. local market, local park, etc).	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Emergency Evacuation</u> I understand that in the event of an emergency, all children will be required to evacuate the premises and will assemble at a central point of safety. The evacuation procedure will be practised throughout the year in and the children will be fully supervised by staff	<input type="checkbox"/> Yes
<u>Deposit Refund</u> I understand that one [1] full terms notice (that is, 10 weeks within <i>official school term</i> as marked on the School's calendar) is required for all withdrawals and that 50% of my school deposit will be forfeited if this notice period is not met.	<input type="checkbox"/> Yes



Registration Statement

I understand and accept the policy and conditions governing enrolment and admission of my child into Arts Kidz Education Center Pte Ltd and I acknowledge that withholding relevant information relating to my child's physical, medical or educational needs may affect my child being offered or maintaining a place within the School. I declare that to the best of my knowledge all of the information which I have supplied in this application form is full and accurate.

I undertake:

- To inform the School immediately of any change in the particulars to this registration form or of my wish to withdraw it
- To pay all school fee invoices within seven [7] days of the date of issue
- To give the school one **[1] full terms notice** (that is, 10 weeks within *official school term* as marked on the School's calendar) or 50% of my school deposit should I decide to withdraw my child from the School. The Registration Fee is strictly **non-refundable**

I further understand that:

- I must supply the following to the School before enrolment is complete:
 - Two [2] recent passport photos
 - Copies of parent's NRIC/FIN/Passport
 - A copy of my child's birth certificate
 - A copy of my child's immunisation records
 - All necessary registration costs: *Registration Fee; Deposit; Insurance; School Fees*
- In the event of an emergency where we/I, the parents, cannot be contacted, the Emergency Contact Person named on page one [1] of this document is authorised to act on our/my behalf. Further to this, my signature below authorises Arts Kidz Education Center Pte Ltd to seek medical assistance for our child should the School deem it necessary, and we/I hereby undertake to fully bear any costs incurred
- There will be strictly no exemption, deduction or rebate from school fees in the case of temporary absence, dismissal or withdrawal after two [2] weeks (10 school days) of my child's first day of school
- Should the School find it necessary to close at any time during the school year due to reasons beyond its control, the fees paid to the school will not be refunded
- Arts Kidz Education Center Pte Ltd reserves the right to transfer, combine or dissolve a class or programme should the School deem this necessary
- All refunds, where applicable, will only be made on my child's last day of school
- Arts Kidz Education Center Pte Ltd reserves the right to revise or adjust the fees, term dates or school times with a minimum notice period of one [1] month (four [4] weeks)

Parent/Guardian Signature

I will abide by the above Registration Statements and any procedures and policies of Arts Kidz Education Center Pte Ltd. I declare that the information given above is accurate and agree to notify Arts Kidz immediately of any changes

Date