



BUKIT PANJANG METHODIST CHURCH KINDERGARTEN

卫理公会武吉班让堂幼稚园

488 Upper Bukit Timah Road, Singapore 678091

Tel: 6760 7662 Email: kinder@bpmck.org.sg

REGISTRATION FORM

I. STUDENT'S PARTICULARS

Note : Please complete Part I in **BLOCK LETTERS**.

Name as in Birth Certificate:		Chinese characters (if applicable):	
Birth Cert / Fin No.	Date of Birth :	Place of Birth:	Gender: * Male/Female
Nationality/Citizenship : * Singaporean / S'pore PR / Foreigner		Birth Order : * 1st / 2nd /3rd / 4th	No. of Siblings :
Level : * N1 / N2 / K1 / K2	Preferred Session: *AM / PM / 6-hr	Race : <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Eurasian <input type="checkbox"/> Others	
Residential Address	Postal Code ()		
Contact No (Home)		Mobile	
First language spoken at home	<input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Tamil <input type="checkbox"/> Others		
Payment Mode for Subsequent School Fees: <input type="checkbox"/> CDA: *DBS/POSB / OCBC / UOB <input type="checkbox"/> GIRO <input type="checkbox"/> Chq <input type="checkbox"/> PayNow			
Pre-school currently attending / attended previously:			

* Delete accordingly

II. MEDICAL BACKGROUND/ AUTHORISED PICK-UP PERSON(S)/ EMERGENCY CONTACT

Does your child have any developmental delays and/ or disabilities? If yes please specify:			
<input type="checkbox"/> Speech	<input type="checkbox"/> Vision	<input type="checkbox"/> Hearing	<input type="checkbox"/> Movement <input type="checkbox"/> Others
Does your child have any special needs? (if yes, please describe and/or attach medical report)			
Does your child have any allergies? (If yes, please specify):			
Name & contact of family doctor (if any):			
Emergency contact person & no. (other than the parents):			
Authorised pick-up person(s) for your child. Please indicate even if it is father and/ or mother.			
1)	Relationship:	NRIC:	Contact:
2)	Relationship:	NRIC:	Contact:

Important: Please update the school if there is any change in the authorised pick-up person(s).

III. INFORMATION ON SIBLING

Sibling(s) information (if from BPMC Kindergarten):

Name / Level / Class / Session:
Final year in the Kindergarten:

IV. PARENTS' / GUARDIAN'S PARTICULARS

Parent Particulars	Father	Mother	
Name			
NRIC /Passport No			
Highest Qualification			
Occupation			
Citizenship			
Office No. (if any)			
Mobile No.			
Email Address			
Religion			
Church (if attending)			
Guardian's Particulars:			
Name		Relationship with child	
Language (s) spoken with child			
Address (if different from above)			Postal Code
Residence Tel No.		Mobile No.	

Remarks (if any) _____

1. I declare that the particulars given in this form are true and correct.
2. I shall inform the Kindergarten should there be any changes in the particulars/ contact.
3. I understand that the session allocated (AM or PM) in the first year of study does not warrant that my child will be given the same or preferred session in subsequent year(s).
4. The Registration Fee on registration are not refundable.
5. In case of emergency, the school will act in the best interest of my child in seeking medical attention at the nearest clinic or hospital.

I understand and accept the terms of registration and that any falseful information may result in this application being rejected and/ or withdrawal of my child's place by the school.

.....
Name & Signature

.....
Date

For Official Use Only				
Class		Date of Commencement		
N1	N2	K1	K2	Mode of Payment
				Cash / Cheque / PayNow /
AM / PM / 6-hr		Receipt No.		Amount Paid



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PLEASE READ CAREFULLY THE TERMS AND CONDITIONS BEFORE SIGNING - SCHOOL'S COPY

1. Session of Study -

The session allocated (AM or PM) for your child in his/ her first year of study **DOES NOT** warrant that he/she will be given the same/ preferred session in the subsequent years of study with the Kindergarten.

2.Registration Fee & Deposit

- A non-refundable registration fee of \$53.50 (inclusive of GST) and a deposit of \$400 is payable upon registration and confirmation of a place. The deposit is a non-refundable item but it will be used to offset your child's last term school fee in K2 with the Kindergarten. The deposit will be forfeited should you decide not to take up the place anytime before the start of the new academic year or if insufficient notice is given for premature withdrawal before K2 when your child has started school with the Kindergarten.

3.Withdrawal of Existing Students -

Twelve(12) weeks' written notice, not including school holidays in Mar, Jun, Sep & Dec is required should you decide to withdraw your child before graduation. For withdrawal, please request an official withdrawal form from the Kindergarten Office. Please note that there will be no refund of deposit for insufficient notice of withdrawal.

4. Children with Special Needs:

BPMC Kindergarten is a mainstream kindergarten with qualified pre-school teachers who may not be specially trained in special needs. In the event of a child with special need(s) but the school is not informed or if the child is assessed after joining, depending on the situation, the Kindergarten reserves the right to de-register the child for the overall learning needs and development of the entire class of children.

I have read and understood the terms and conditions above and agreed to abide by them.

Name of Parent/ Signature

Date



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