****

**Milagros de Montessori School**

162 Mei Ling Street, 01-363 Tel: 6471 3677 Website: www.milagrosmontessori.com

|  |
| --- |
| **REGISTRATION FORM** |
| **Session:**  | ☐ **9:00 AM – 12:00 PM**☐ **9:00 AM – 11:00 AM** | **Level/Year:** | ☐☐ | **NIDO 1****NIDO 2** |  |  |
| **1. CHILD’S PARTICULARS** |
| **Name**(as in Birth Cert.) |  |
| **Chinese Characters** |  | **Gender** |  | **Male**☐ | **Female**☐ |
| **Birth Cert No. / FIN** |  | **Citizenship** |  |
| **Date of Birth**(dd/mm/yyyy) |  | **Race** |  |
| **Mother Tongue Opted** | ☐ **Mandarin** ☐ | **Tamil** | ☐ | **Others (Specify)** |   |  |  |
| **Religion of the Child** | ☐ **Buddhism** ☐ | **Christianity** | ☐ | **Hinduism** |  ☐ **Islam** |  |  ☐**Others:** |
| **Address** |  | Home Phone No: |  |
| **School Last Attended** |  |
| **2. PARENTS’/GUARDIAN’S PARTICULARS** |
|  | **Father/Guardian** | **Mother/Guardian** |
| **Name**  |  |  |
| **Citizenship** |  |  |
| **Highest Academic Qualification Attained** |  |  |
| **Occupation** |  |  |
| **Name of Company** |  |  |
| **Mobile No.** |  |  |
| **Tel. No.** (Office) |  |  |
| **Email address** |  |  |
| **Religion**  | **Buddhism / Christianity / Hinduism / Islam / Others:** | **Buddhism / Christianity / Hinduism / Islam / Others:** |
| **3. IN CASE OF EMERGENCY, PLEASE CONTACT** |
| **Name: NRIC:** |  | **Contact No.** |  | **Relationship to Child** |  |
| **4. CHILD’S MEDICAL HISTORY (*Please attach details where necessary)*** |
| **1. Does your child have any food/medical allergies? If yes, please specify.** |  |
| **2. Is there any food or drink that your child is not allowed to consume? If yes, please specify.** |  |
| **3. Is/was your child on long-term medication? If yes, please specify.** |  |
| **4. Name, contact and address of family physician of child, if any** |  |
| **5. Does your child have any special needs? If yes, please elaborate or attach medical report.** |  |
| **6. Is there anything else about your child that the school should be aware of? If yes, please specify.** |  |

|  |
| --- |
| **5. SIBLING/REFERENCE** |
| **1. Are any of the siblings currently enrolled in Milagros? If yes, please specify name and class.** |  |
| **2. Have any of the siblings previously attended Milagros? If yes, please specify name and year last attended.** |  |
| **3. Have you been referred by any parent? Please give details.** |  |
| **6. AUTHORIZED PERSON TO PICK UP THE CHILD** |  |
| **Name and NRIC** | **Relationship** | **Phone** | **Address, if different from above** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **7. MISCELLANEOUS** |
| **How did you come to know about Milagros de Montessori School?**☐ **Advertisement** ☐ **Friends** ☐ **Relatives** ☐ **Google** ☐ **Facebook** ☐ **Others****Are any of your children alumni of Milagros? If yes, please specify their name and year last attended.** ☐ **No** ☐ **Yes Name: Year last attended Milagros:** **Do you allow Milagros to use photographs and/or video clips of your child?** ☐ **Yes** ☐ **No** |
| **8. REQUIRED DOCUMENTS** |
| 1. **Copy of child’s birth certificate**
2. **Copy of child’s passport/visit pass/dependent’s pass/student pass (for non-Singapore citizens only)**
3. **Immunization records**
4. **Copy of parents’ identity cards**
5. **1 passport size photograph of the child**
6. **1 passport size photo of each person authorized to pick up the child**
7. **Fees as per the policy**
 |

# AGREEMENT

By submitting all personal data listed on the form, you consent to Milagros de Montessori School collecting, using, disclosing and/or processing your personal data for the purpose of your child’s registration with the school and when your child has been successfully enrolled in the school. Such personal data includes information about you and your family as set out in the registration form and documents and any other personal information you have provided.

***I have read and understood the Parent Handbook including the financial policies and agree to abide by the rules, regulations, program and requirements of Milagros de Montessori School.***

***I authorize the centre to take the necessary measures during an emergency, as per the centre’s Standard Operating Procedure.***

**Name of Father / Mother / Guardian Signature & Date**

# FOR OFFICIAL USE ONLY

|  |  |
| --- | --- |
| Processed by: | Checked by: |
| Date: | Date: |
| Remarks: |