

Registration Form

Montessori Enrichment Program (M.E.P)

COURSE PARTICULARS

Branch Location :	Day (s) :
Kovan Branch Only	Saturday only
Pre - School Level :	M.E P Session / Time :
Explorers <input type="checkbox"/> Challengers <input type="checkbox"/>	English Montessori / 09.00am to 10.30am <input type="checkbox"/>
	Arabic Montessori / 10.30am to 12.00pm <input type="checkbox"/>

STUDENT'S PARTICULARS

Full Name	Home Address
Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	Postal Code <input type="text"/>
NRIC No : <input type="text"/>	<u>Contact Numbers</u>
Date of Birth : <input type="text"/>	Home : <input type="text"/>
Race : Malay / Chinese / Indian / Others	Father's Mobile : <input type="text"/>
Nationality : _____	Mother's Mobile : <input type="text"/>
	Office : <input type="text"/>
	In Case of Emergency, contact :
	Contact No. : <input type="text"/>
	Relationship To The Child : _____

FOR OFFICIAL USE ONLY :

Date Joined : <input type="text"/>	All document received upon registration:
Remarks : _____ _____	A copy of child's birth certificate <input type="checkbox"/>
	A copy of parents NRIC <input type="checkbox"/>
	A copy of C.D.A statement of account (if any) <input type="checkbox"/>
	A copy of C.D.A child's birth certificate (if any) <input type="checkbox"/>
	Any other document(s) : (Please state) <input type="checkbox"/>

HANIS Learning Centre Pte Ltd

PARENT'S PARTICULARS

Mother's Full Name

NRIC No :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Race : Malay / Chinese / Indian / Others

Nationality :

Qualification :

Occupation :

Father's Full Name

NRIC No :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth :

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Race : Malay / Chinese / Indian / Others

Nationality :

Qualification :

Occupation :

PARENT'S EMAIL ADDRESS

Father's Email Address :

Mother's Email Address :

Other Email Address :

TRANSPORT SERVICE

Transport Required ?

Yes

No

Pick Up / Drop Off Location :

Transporter's In Charge :

Transporter's Contact
Number :

Transport Pick Up Time :

Transport Drop Off Time :

I agree to pay the fees promptly, material fees on a yearly basis and I understand that the material fees will not be refunded in the event that I wish to withdraw my child. I will give one month written notice to **HANIS** Montessori Kindergarten, failing which my deposit will be forfeited, and I declare that all the particulars given above are true.

Name Of Applicant

Relationship To Child

Signature

Date Of Registration

***** Education is not received. It is achieved. *****

