



AL-ANSAR MOSQUE KINDERGARTEN

ENROLMENT FORM

(Private and Confidential)

INSTRUCTIONS & FOR OFFICIAL USE

YEAR : 2024

Name of Child:

Class:

INSTRUCTIONS:

1. All clauses must be read and understood.
2. All questions and sections in this form **MUST** be answered.
3. Any incomplete registration forms will be rejected.
4. Statement of Declaration must be acknowledged and signed.
5. Relevant documents listed below must be provided at the point of registration.
6. Copies of required documents must be submitted before the enrolment date.

(Please put a tick ✓ in the box when you have verified or attached the document or state 'NA' if not applicable)

✓	DOCUMENT VERIFICATION		
	Child's Birth Certificate (S'porean / PR)	*FIN / Passport (PP) (Foreigner)	
	NRIC of Main Applicant (S'porean / PR)	*FIN / Passport (PP) (Foreigner)	
	NRIC of Spouse of Main Applicant (S'porean / PR)	*FIN / Passport (PP) (Foreigner)	
	CDA letter or card (if use CDA for fees)	Sibling's Birth Certificate (if use sibling's CDA)	
DOCUMENT SUBMISSION (COPIES)			
	Child's Health Booklet (for birth order, developmental & immunization records / certificate)		
	Letter of Authorization (for Guardianship)	Statutory Declaration of Marital Status	
	Letter from lawyer firm, if in process of divorce	Divorce & Custody Papers with clause stating who has 'care & control' of child from previous marriage.	
✓	PHOTOGRAPH SUBMISSION	✓ REQUESTS	
	Child	My child will need the school transport.	
	Main Applicant	My child is a foreigner without a Dependant Pass and will need to apply for a Student Pass.	
	Spouse of Main Applicant	An approved Student Pass will be required before admission to the Kindergarten.	
	Emergency Contact(s)	My family needs Financial Assistance To refer to SDO (Social Development Officer)	
	Authorized Person(s) picking up child	Others, please specify:	
FOR OFFICIAL USE ONLY			
REGISTRATION FEE (non-refundable)	\$ 50.00	TOTAL FEE PAID	\$893.00
SCHOOL FEE (JAN & DEC)	\$ 540.00	PAID BY CASH / NETS / CDA NETS (delete where applicable)	
MATERIAL FEE	\$ 300.00	RECEIPT NO.	
INSURANCE FEE	\$ 3.00	NAME OF OFFICER & DATE:	



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2024

Date of Enrolment:

CLASS DETAILS				
LEVEL (PLS CIRCLE)	N1 (3 YRS OLD)	N2 (4 YRS OLD)	K1 (5 YRS OLD)	K2 (6 YRS OLD)
SESSION & TIMING (Please TICK)				
CLASS NAME (Fill in class name)	SESSION / DAY	MONDAY TO THURSDAY		FRIDAY
	<input type="checkbox"/> SESSION 1	8am to 12pm		8am to 10am
	<input type="checkbox"/> SESSION 2	1.30pm to 5.30pm		10am to 12pm
PART 1. CHILD'S PARTICULARS				
Name: _____				
Date of Birth: _____ day month year			Gender: *Male / Female	
Type of Citizenship: <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Foreigner				
Identity Type : Singaporean or PR: <input type="checkbox"/> BC Foreigner: <input type="checkbox"/> FIN <input type="checkbox"/> Passport				
Identification Number: _____				
Race: <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others: _____				
Class of Licence: <u>C</u>			Level: <input type="checkbox"/> N1 <input type="checkbox"/> N2 <input type="checkbox"/> K1 <input type="checkbox"/> K2	
Type of Service: Session <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			Program Fee (Full Month Fee): _____	
Total no. of children in family: _____			Birth Order: _____	
Child living with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Siblings <input type="checkbox"/> Guardian				
Has the child attended OR is attending other schools? * <u>Yes / No</u>				
Name of School : _____				
Any siblings currently OR had enrolled in this Kindergarten? * <u>Yes / No</u>				
Or other Mosque Based Kindergarten? Please specify: _____				
Name of Sibling(s) & (Age) : _____				

PART 2. APPLICANTS' PARTICULARS

MAIN APPLICANT	SPOUSE
Relationship to Child: * <u>Mother / Father / Guardian</u> <u>Legal Guardian / MSF Foster Mother / Head, Children Home</u>	Relationship to Child: * <u>Mother / Father / Guardian</u> <u>Legal Guardian / MSF Foster Mother / Head, Children Home</u>
Type of Citizenship: <input type="checkbox"/> Singaporean <input type="checkbox"/> PR <input type="checkbox"/> Foreigner	Type of Citizenship: <input type="checkbox"/> Singaporean <input type="checkbox"/> PR <input type="checkbox"/> Foreigner
Identity Type: Singaporean or PR: <input type="checkbox"/> NRIC Foreigner: <input type="checkbox"/> FIN <input type="checkbox"/> Passport Identity Number: _____	Identity Type: Singaporean or PR: <input type="checkbox"/> NRIC Foreigner: <input type="checkbox"/> FIN <input type="checkbox"/> Passport Identity Number: _____
Name: _____	Name: _____
Date of Birth: _____ Day month year	Date of Birth: _____ Day month year
Gender: * <u>Male / Female</u>	Gender: * <u>Male / Female</u>
MARITAL STATUS (please circle) <u>*Single / Married / Separated / Divorced / Widowed</u>	MARITAL STATUS (please circle) <u>*Single / Married / Separated / Divorced / Widowed</u>
CONTACT NO: _____ (Mobile) _____ (Home) _____ (Office)	CONTACT NO: _____ (Mobile) _____ (Home) _____ (Office)
Email Address: _____	Email Address: _____
Address: (As stated in NRIC / FIN) Postal Code: _____ Blk/House No.: _____ Street Name: _____ Unit No.: _____ Floor No.: _____ Building Name: _____	Address (If different from main applicant) Postal Code: _____ Blk/House No.: _____ Street Name: _____ Unit No.: _____ Floor No.: _____ Building Name: _____
HIGHEST EDUCATION LEVEL <input type="checkbox"/> No Formal Education <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Junior College / Pre-U <input type="checkbox"/> Polytechnic Diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Postgraduate Qualifications (_____) <input type="checkbox"/> Others: _____	HIGHEST EDUCATION LEVEL <input type="checkbox"/> No Formal Education <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Junior College / Pre-U <input type="checkbox"/> Polytechnic Diploma <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Postgraduate Qualifications (_____) <input type="checkbox"/> Others: _____
OCCUPATION: _____	OCCUPATION: _____
SALARY: _____ (GROSS) _____ (NETT)	SALARY: _____ (GROSS) _____ (NETT)

PART 3. HOUSEHOLD PARTICULARS

MONTHLY GROSS HOUSEHOLD INCOME: _____	NUMBER OF PEOPLE IN THE HOUSEHOLD: _____
HOUSING TYPE:	
HDB: * <u>Rental / Purchased / Others</u> <input type="checkbox"/> 1 room <input type="checkbox"/> 2 room <input type="checkbox"/> 3 room <input type="checkbox"/> 4 room <input type="checkbox"/> 5 room <input type="checkbox"/> Executive	
OTHERS: <input type="checkbox"/> Condominium <input type="checkbox"/> Private Apartment <input type="checkbox"/> Landed Property	

PART 4. GETTING TO KNOW YOUR CHILD

What is the language spoken by your child at home?

Most Frequent: _____ Less Frequent: _____

Favourite Colour: _____ Favourite Food: _____

How long does your child watches TV at home? _____ hrs daily.

How long does your child use an electronic device daily? _____ hrs daily.

* Computer / IPad / Kinect / Smartphone / Tablet / Wii console / XBOX / Others: _____

How often does your child go outdoors to play? _____

Tell us more about your child:

My child likes _____

My child does not like _____

Any other comments about your child

PART 5. HEALTH INFORMATION

Has your child received the COMPULSORY immunization by law? (Diphtheria and Measles) * Yes / No

If no, please provide reasons / details: _____

Does your child have any of these medical conditions?

- | | |
|--|---|
| <input type="checkbox"/> Asthma [#] | <input type="checkbox"/> *Bone / Joint Injury |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Eczema |
| <input type="checkbox"/> HIV | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> *Fits / Epilepsy / Fainting spells |

Others: _____

[#]**Asthma:** If necessary, will child need to use an inhaler in school? * Yes / No

Any Medical or Food Allergy:

Does your child have any areas of Special Needs?

- | |
|--|
| <input type="checkbox"/> Autism Spectrum Disorder (ASD) |
| <input type="checkbox"/> Attention Deficit and Hyperactivity Disorder (ADHD) |
| <input type="checkbox"/> Down Syndrome |
| <input type="checkbox"/> Global Development Delay (GDD) |
| <input type="checkbox"/> Physical Disability (Specify: _____) |
| <input type="checkbox"/> *Speech Impairment / Undergoing Speech therapy |

Others or any suspicion, please specify:

Any letter from Doctor / Qualified Practitioner that certify / diagnosed Medical condition or Special Need? * Yes / No

Any Allergy Action Plan issued by a Doctor? * Yes / No. If necessary, will child need to use an Epi-Pen? * Yes / No

Name of Family Doctor (if any) _____ **Tel:** _____

Name of Family Clinic & Address:

PART 6. SCHEDULE OF PAYMENT

Please make the payment of the registration fee and 2 months' fees (January & December) upon registration.

Subsequently, all fees will be deducted on the next scheduled GIRO deduction date.

Please note that public and school holidays are included in the computation of fees.
There will be no pro-rated fees for Enrichment programmes.

Please note the following:

1. The registration fee is non-refundable and non-transferable.
2. Insurance coverage is payable upon enrolment and at the beginning of each calendar year and is also non-refundable.

We would also like to highlight that there will be annual fee revision. You will be informed well ahead of time of any change to the fees.

MODE OF PAYMENT

We arrange for payment to be made by GIRO. GIRO deductions will be made on the **1st** of every month. Payment of fees must be made by the **5th** of every month if paying by Cash, NETS or CDA NETS.

NON-PAYMENT OF FEES

We strongly encourage you to pay your child's fees on time. Reminders will be given for fees not paid. We would appreciate that you adhere to the payment schedule to avoid disruption of services rendered.

WITHDRAWALS

If you wish to withdraw your child, please ensure that:

1. You complete and submit the official Withdrawal Form to the Kindergarten Principal giving at least 30 days' notice (including Saturdays & Sundays), prior to the last day of attendance.
2. Withdrawals will only take place on the last day of the month.

Please note the following:

1. The December school fee is refundable upon withdrawal and only if the Kindergarten is officially given **30 days'** notice in writing, failing which it will be forfeited.
2. The December school fee will be refunded after the payment of the last month's fees.
3. Children cannot be placed on temporary withdrawal during the notice period.
4. Kindergarten will strictly not accept temporary withdrawal of children.

PART 7. CDA (BABY BONUS)

DO YOU KNOW YOU CAN USE YOUR CHILD'S CDA ACCOUNT TO PAY?

The Kindergarten is an Approved Institution registered with MSF under the Baby Bonus Scheme.

You can use the savings in the CDA account to pay fees for all your children who are enrolled in our Kindergarten. The type of Kindergarten fees payable by the CDA are:

- | | |
|---|----------------------------------|
| 1. Registration & Monthly school fees | 6. Meals during programme time |
| 2. Deposit (Any refund will be refunded back into the CDA) | 7. Transport fee |
| 3. Materials & books | 8. Local excursion / field trips |
| 4. MSF-funded Early Intervention Programmes (LS,DS,DS-Plus) | 9. Uniforms and attire |
| 5. Online communication / e-learning management system | 10. Insurance |

You can also use the CDA card to make the payment using the NETS terminal at the Kindergarten.

Please complete the CDA GIRO application form for fees to be deducted from your CDA account for payment of the monthly fees. **If using a sibling's CDA, please submit a copy of the Birth Certificate for verification.**

Note: CDA cannot be used for aLIVE Madrasah & enrichment class fees.

PART 8. DECLARATIONS (KINDERGARTEN'S COPY)

(Note to Kindergarten Staff: Ensure the parent / guardian understand each declaration term and ☒)

1. Authorization for Pick-up of Child

- ☐ I agree to allow the Kindergarten to release my child to the list of authorized contact persons as stated in this application form. **I understand that the authorized persons to fetch my child must be 16 years old or older.** Otherwise, a letter of authorization from me must be submitted. I also agree that in the event that any of the authorized persons are unable to fetch my child, I will arrange for an alternative person and will inform the Kindergarten at least 1 day in advance. Necessary forms and procedures will be adhered as part of the authorization process.

2. Kindergarten Activities

- ☐ I agree for my child to participate in all indoor and outdoor activities conducted by the Kindergarten during the period that my child attends the Kindergarten.

3. Emergency Medical Care

- ☐ In the case of any emergency, I agree in the event that, if I or the people I authorize for an emergency cannot be reached in a timely manner, that an official representative of the Kindergarten seek first aid or emergency medical care for my child. I further give my consent for an emergency medical facility or physician to administer necessary medical treatment to my child if I am unable to be reached or the situation requires immediate attention. I understand I am responsible for paying all the medical bills and to ensure that necessary documentation (e.g original bills , MC , discharge report, etc) are submitted thereafter and claims are subjected to the approval of the insurance company.

4. Infectious Diseases

- ☐ I understand that common infectious childhood diseases, including but not limited to Hand, Foot and Mouth Disease (HFMD), chickenpox and COVID-19, are present throughout the year in Singapore and can be easily spread amongst children in Kindergartens. I agree to keep my child away from the Kindergarten until after the expiry of the medical leave.
- ☐ I also agree that the Kindergarten will not be held liable for any infectious diseases that my child contracts at the Kindergarten. There will be no obligation whatsoever by the Kindergarten to refund or waive fees for the period that my child is away from the Kindergarten due to illness or due to fear of contracting an illness.

5. Inappropriate Behaviour & Mutual Trust and Agreement

- ☐ I understand that the Kindergarten is a peaceful and safe place for children, teachers, staff and families. Abusive behavior, both physical, verbal or written is not tolerated. I also agree that abusive behaviour on the part of myself or my family members are not tolerated. As our teachers and staff play an integral part in the day-to-day operations of the Kindergarten, we hope that you uphold the same level of respect that they have uphold towards you.

6. PDPA (Personal Data Protection Act)

☐ I hereby understand and agree that the Kindergarten has the right to collect my personal data to be used for the administrative, finance and operation process of my child's registration as well as for programme planning and delivery. I understand that all data will be safely kept according to the Kindergarten's internal policies and procedures.

7. Photograph / Video of Child – Consent of Use

☐ I agree to photographs/videos taken of my child to be used for purposes pertaining to the Kindergarten or my child's participation in Kindergarten activities or for publicity purposes which may include means of media such as print or digital.

8. Special Needs Concern

☐ If your child has any medical condition stated, please submit a medical report from a certified practitioner to the Kindergarten to certify that your child is able to participate in activities conducted at the Kindergarten.

☐ As we have designed our daily program to mainly cater to the needs of a typically developed child, the needs of a special need child may not be fully met in our programme.

☐ Therefore, we request that parents inform the Kindergarten, at the time of registration, if your child has been diagnosed as having special needs or if you have any concerns regarding your child's learning and behavioural development.

8A. Diagnosed with Special Needs

☐ If your child has been diagnosed as having special needs, enrolment into our Kindergarten will be subjected to the following terms:

1. The extent of your child's special needs are mild and your child does not require one to one or individual adult/child attention to participate in the daily activities of the Kindergarten.
2. Your child continues to receive necessary support and intervention programme (e.g. physiotherapy, speech therapy, EIPIC etc.). Parents are to update the Kindergarten of any updates or reports by the intervention programmes.
3. Enrolment will be on a trial period of 2 months and is subjected to review by the Kindergarten.

8B. Undiagnosed with Special Needs before Enrolment

☐ If your child has been enrolled and is observed by the teachers to consistently demonstrate behaviours that are not within the norm of the typically developing child, the Kindergarten Principal will advise you to seek professional assessment.

☐ **The Kindergarten Principal will provide a referral letter for you to seek a doctor's recommendation and you will have to proceed with the necessary follow-ups.**

Your co-operation in seeking professional assessment within an agreed period is crucial in supporting your child. You are also required to inform the Kindergarten about the details of your visit and the results of the diagnosis or intervention plans.

If your child is found to have special needs and requires special help and attention which the Kindergarten cannot provide, then parents will have to withdraw the child for enrolment in a Special Needs school or programme that caters specifically to the needs of their child.

If the child's special needs are manageable by our Kindergarten staff and we are confident that the child can benefit from the Kindergarten's programme without special help or individual adult-to-child attention, then the child may continue to be enrolled in the Kindergarten subject to 3-monthly review and provided the child continues to receive the required special help from support services agency, e.g. physiotherapy, speech therapy, social skills training, etc.

PART 10. STATEMENT OF DECLARATION

- ☐ I declare that the information provided in this application is true and has been provided willingly.
- ☐ I understand that any part of this application improperly completed or falsely declared may lead to rejection of the application.
- ☐ I agree to immediately inform the Kindergarten of the following:
- Updated medical report of my child or any illnesses that my child might suffer from subsequently upon completion of this application.
- Changes in the particulars of the authorized caregiver(s) in relation to this application
- ☐ I ***would like / would not like** to apply for the ***CDA GIRO / BANK GIRO** scheme to pay for my child's fees.
- ☐ I agree to abide and be bound by all terms, conditions, rules and regulations of the Kindergarten.
- ☐ The contents of this declaration have been read and explained to me and I fully understand its meaning.

Signature (Main Applicant)

Signature (Spouse of Main Applicant)

Date

PART 11. FOR OFFICIAL USE ONLY

Please fill in the details of the staff that had gone through this form with the applicant.

I HAVE VERIFIED THAT THE DOCUMENTS AND IDENTIFICATION NUMBERS ARE VALID AND PROPERLY RECORDED, WHERE NECESSARY.

NAME OF STAFF : _____

SIGNATURE & DATE: _____

DESIGNATION: _____

AL-ANSAR MOSQUE KINDERGARTEN

PHOTOGRAPHS & PARTICULARS of CHILD, APPLICANTS & EMERGENCY CONTACTS

Name of Child: _____

Year / Class: _____

Paste
Child's
recent Photo
here

Date of Birth: _____ (DD/MM/YYYY)

BC /PP/ FIN: _____ Enrolment Date: _____

Address: _____

Paste
Main Applicant's
recent Photo
here

Name of Main Applicant: _____

NRIC/PP/FIN: _____ Relationship to child: _____

Home Tel: _____ Office Tel: _____

Mobile: _____ Email: _____

This person is also the Authorized Person to fetch the child. ☐ YES ☐ NO

Paste
Spouse of
Main Applicant's
recent Photo
here

Name of Spouse of Main Applicant: _____

NRIC/PP/FIN: _____ Relationship to child: _____

Home Tel: _____ Office Tel: _____

Mobile: _____ Email: _____

This person is also the Authorized Person to fetch the child. ☐ YES ☐ NO

Paste
Emergency Contact
Person's
recent Photo
here

Emergency contact: _____
(Other than the main applicant or spouse of main applicant)

Relationship to Child: _____

NRIC/PP/FIN: _____ Home Tel: _____

Mobile: _____ Office Tel: _____

This person is also the Authorized Person to fetch the child. ☐ YES ☐ NO

Paste
Emergency Contact
Person's
recent Photo
here

Emergency contact: _____
(Other than the main applicant or spouse of main applicant)

Relationship to Child: _____

NRIC/PP/FIN: _____ Home Tel: _____

Mobile: _____ Office Tel: _____

This person is also the Authorized Person to fetch the child. ☐ YES ☐ NO

AL-ANSAR MOSQUE KINDERGARTEN

PHOTOGRAPHS & PARTICULARS of AUTHORIZED PERSONS TO FETCH CHILD

***Authorized person to fetch child must be 16 years old & above.**

Otherwise, letter of authorization from main applicant must be submitted.

Name of Child: _____

Year / Class: _____

Paste
**Authorized Person
to Fetch**
recent Photo
here

Authorized Person to Fetch: _____
(Other than the main applicant, spouse of main applicant or the emergency contacts)

Relationship to Child: _____

NRIC/PP/FIN: _____ Home Tel: _____

Mobile: _____ Office Tel: _____

Paste
**Authorized Person
to Fetch**
recent Photo
here

Authorized Person to Fetch: _____
(Other than the main applicant, spouse of main applicant or the emergency contacts)

Relationship to Child: _____

NRIC/PP/FIN: _____ Home Tel: _____

Mobile: _____ Office Tel: _____

Paste
**Authorized Person
to Fetch**
recent Photo
here

Authorized Person to Fetch: _____
(Other than the main applicant, spouse of main applicant or the emergency contacts)

Relationship to Child: _____

NRIC/PP/FIN: _____ Home Tel: _____

Mobile: _____ Office Tel: _____

Paste
**Authorized Person
to Fetch**
recent Photo
here

Authorized Person to Fetch: _____
(Other than the main applicant, spouse of main applicant or the emergency contacts)

Relationship to Child: _____

NRIC /PP/ FIN: _____ Home Tel: _____

Mobile: _____ Office Tel: _____

Paste
**Authorized Person
to Fetch**
Photo
here

Authorized Person to Fetch: _____
(Other than the main applicant, spouse of main applicant or the emergency contacts)

Relationship to Child: _____

NRIC/PP/FIN: _____ Home Tel: _____

Mobile: _____ Office Tel: _____