



AL-ANSAR MOSQUE KINDERGARTEN

ENROLMENT FORM

(Private and Confidential)
INSTRUCTIONS & FOR OFFICIAL USE

YEAR 2027
Name of Child:

Class:
N / K1 / K2

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)

<input type="checkbox"/> DOCUMENT VERIFICATION			
	<i>Child's Birth Certificate (S'porean / PR)</i>		<i>*FIN / Passport (PP) (Foreigner)</i>
	<i>NRIC of Main Applicant (S'porean / PR)</i>		<i>*FIN / Passport (PP) (Foreigner)</i>
	<i>NRIC of Second Applicant (S'porean / PR)</i>		<i>*FIN / Passport (PP) (Foreigner)</i>
	<i>CDA letter or card (if use CDA for fees)</i>		<i>Sibling's Birth Certificate (if use sibling's CDA)</i>
DOCUMENT SUBMISSION (COPIES)			
	<i>Child's Health Booklet (for birth order, developmental & immunization records / certificate)</i>		
	<i>Letter of Authorization (Guardianship)</i>		<i>Divorce / Custody / Agreed Parenting Plan document with clause stating who has 'care & control' of child. (Process of separation or divorce)</i>
<input type="checkbox"/>	PHOTOGRAPH SUBMISSION	<input type="checkbox"/>	REQUESTS
	<i>Child</i>		<i>My child is a foreigner without a Dependant Pass (DP), Long-Term Visit Pass (LTVP) or Immigration Exemption Order (IEO) and will need to apply for a Student Pass.</i> <i>Note: An approved Student Pass will be required before admission to the Kindergarten.</i>
	<i>Main Applicant</i>		
	<i>Second Applicant</i>		
	<i>Emergency Contact(s)</i>		<i>Others, please specify:</i>
	<i>Authorized Person(s) picking up child</i>		
FOR OFFICIAL USE ONLY			
REGISTRATION FEE <i>(non-refundable)</i>	\$	PAID BY CASH / NETS / CDA NETS <i>(delete where applicable)</i>	
SCHOOL FEE (____ & DEC)	\$	RECEIPT NO.	
TOTAL FEE PAID	\$	NAME OF OFFICER & DATE:	



AL-ANSAR MOSQUE KINDERGARTEN

ENROLMENT FORM

(Private and Confidential)

2027
Date of Enrolment:

CLASS DETAILS

LEVEL (PLS CIRCLE)	N (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"/> AM SESSION	8am to 12pm	8am to 10am
	<input type="checkbox"/> PM SESSION	1pm to 5pm	10am to 12pm

PART 1. CHILD'S PARTICULARS

Name: _____

Date of Birth: ____ / ____ / ____
 day month year

Sex: *Male / Female

Type of Citizenship: Singaporean PR Foreigner *(LTVP/DP/IEO) Foreigner (Need to apply for Student Pass)
*LTVP = Long Term Visit Pass, DP = Dependant Pass, IEO = Immigration Exemption Order

Identity Type: Singaporean or PR: BC

Foreigner: FIN Passport

Identification Number: _____
For all identification numbers in this form, staff to verify with the original copy of the identification document.

Race: Malay Chinese Indian Others: _____

Class of Licence: C

Level: N2 K1 K2

Type of Service: Session AM PM

Program Fee (Full Month Fee): \$300
Registration Fees : \$50

Total no. of children in family: _____

Birth Order: _____

Child living with: Father

Mother

Siblings

Guardian

Has the child attended OR is attending other schools? * Yes / No

Name of School : _____

Any siblings currently OR had enrolled in this Kindergarten? * Yes / No

Or other Mosque Based Kindergarten? Please specify: _____

Name of Sibling(s) & (Age) : _____

PART 2. APPLICANTS' PARTICULARS

MAIN APPLICANT	2 ND APPLICANT (if others, please specify _____)
Relationship to Child: * <u> </u> Mother / Father / Guardian <u> </u> Legal Guardian / MSF Foster Mother / Head, Children Home	Relationship to Child: * <u> </u> Mother / Father / Guardian <u> </u> Legal Guardian / MSF Foster Mother / Head, Children Home
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: ____ ____ ____ <small style="margin-left: 20px;">Day month year</small>	Date of Birth: ____ ____ ____ <small style="margin-left: 20px;">Day month year</small>
Sex: * <u> </u> Male / Female	Sex: * <u> </u> Male / Female
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)	Address (If different from main applicant)
Postal Code: _____ Blk/House No.: _____ Street Name: _____ Floor No.: _____ Unit No.: _____ Building Name: _____	Postal Code: _____ Blk/House No.: _____ Street Name: _____ Floor No.: _____ Unit 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: * Rental / Purchased / Others <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 / Game Console / iPad / Tablet / Mobile phone / Television / 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 your 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 enrollment. The registration fee is non-refundable and non-transferable.

Subsequently, all fees will be charged on a monthly basis and arrangement of payment is to be made by parents by the 1st week of the month.

Please note that public and school holidays are included in the computation of fees.

Please note that there will be no pro-rated fees for children starting school at a later date within the month. Full monthly fees will still apply upon commencement.

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

Giro: The school will arrange for the first GIRO deduction to be made between the 1st and 15th of each month. In the event of an unsuccessful deduction, a second GIRO deduction attempt will be made between the 15th and 30th of the same month.

Cash, NETS or CDA NETS : For all other mode of payment, fees must be made by the 1st week of every month.

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.

In the event of continued non-payment of fees, the school reserves the right to review the child's enrolment status. Parents will first be contacted and given reminders and opportunities to discuss the matter with the school. If there is still no response or arrangement made after repeated reminders, the school may proceed with termination of enrolment. Written notice will be provided prior to any termination of services.

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 withdrawal letter is submitted before October of the school year.
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. CHILD DEVELOPMENT ACCOUNT(CDA)

The Kindergarten is an Approved Institution registered with MSF under the CDA (Baby Bonus) Scheme. The CDA account can be used to pay the fees for your child who is enrolled in our Kindergarten. The type of Kindergarten fees payable by the CDA are:

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

The CDA card can be used to make payment using the NETS terminal at the Customer Service Counter. The CDA GIRO application form may be submitted for the fees to be deducted from your child's CDA account for payment of the monthly fees.

Note: If your child is using a sibling's CDA, please submit a copy of the Birth Certificate for verification.

PART 8. DECLARATIONS & CLAUSES

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

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. Health Check

I understand that the Kindergarten does routine checks of my child's health and well-being. I acknowledge that the Kindergarten has been authorised to conduct a full body check on my child, should there be any suspicions of child mismanagement.

The Kindergarten does not require any prior permission from me to conduct such checks and to report to the relevant authorities.

4. 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.

5. 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.

6. 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 upheld towards you.

7. 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.

8. 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.

9. 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.

9A. 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:

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

9B. 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 you will have to withdraw your child for enrolment in a Special Needs school or programme that caters specifically to the needs of your child.

Your child **may continue** in the Kindergarten if your child's special needs are manageable by our staff and your child can benefit from the program **without requiring additional support or one-on-one attention**.

This enrolment is subjected to 1 to 3 months' review and contingency. You will ensure that your child continues to receive ongoing specialized services (e.g. physiotherapy, speech therapy, social skills training) from any external early intervention agencies.

10. CCTV implementation

The Kindergarten has implemented a Closed-Circuit Television (CCTV) system in accordance with the Early Childhood Development Agency (ECDA) guidelines. The CCTV system helps ensure a safe and secure learning environment, deters unauthorised access, and provides objective evidence to support the review and investigation of incidents when necessary.

CCTV cameras are installed only in permitted key areas used by children such as classrooms, activity rooms and play areas within the premises. These are not installed in toilets, changing rooms, or staff rest areas.

I acknowledge that access to the CCTV footage is restricted, subject to written request and approval, and governed by the Personal Data Protection Act (PDPA). It will be granted only for the purposes of providing an objective reference point to clarify feedback or assist the investigation of serious incidents within the Kindergarten premises. The request should be within reasonable grounds. Examples of requests that may be rejected include:

- The request is frivolous, e.g. to check if the child is eating properly.
- Providing the parent access to footage could reasonably be expected to threaten the safety of another child/ individual.
- The request is too vague or general, e.g. no information on a specific event/ time /date.
- The burden of providing the footage for viewing is unreasonable or disproportionate to the individual's interests, e.g. request to see full day footage of a child's activity, not just footage of an alleged incident.

There are safeguards in place to protect the privacy and safety of staff and children:

- Any CCTV footage provided to parents is subject to the Fifth Schedule of the (PDPA), which includes masking of other individuals (children and adults), except the face of your child. Parents may therefore be required to pay a fee for masking the footage to protect the privacy of these individuals.
- CCTV footage should be viewed in the presence of the Kindergarten's authorised personnel.
- There shall be no mobile recording of the footage by any party. The Kindergarten is not required to provide a copy of the footage to parents or staff.
- In the event an individual posts recorded footage on social media, the Kindergarten may make a police report against the individual. The individual will be held liable under the PDPA for unauthorised disclosure of personal data, e.g. footage of other children or educators, if he/ she discloses the footage knowing that it is not authorised by the Kindergarten.
- The Kindergarten is not required to provide parents access to CCTV footage if an incident is under investigation by ECDA, the Singapore Police Force or any other public agency.

PART 9. 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 understand that the Kindergarten does not receive any form of government subsidy to defray the monthly school fees.
- I agree to abide and be bound by all terms, conditions, rules and regulations of the Kindergarten.
- I opt in to allow the Kindergarten to make the necessary purchases for meals and materials/books for the purpose of my child's holistic development and learning at the Kindergarten.
- The contents of this declaration have been read and explained to me and I fully understand its meaning.

Signature (Main Applicant)

Signature (Second Applicant)

Date

PART 10. FOR OFFICIAL USE ONLY

Details of the staff that has gone through the online enrolment form and this appendix with the applicant(s).

I have verified that:

- the applicants have been briefed on all the clauses.
- all documents and identification numbers associated with the named child's enrolment are valid and properly recorded, where necessary.

Name and Signature (Staff)

Designation

Date

PHOTOGRAPHS & PARTICULARS of CHILD, APPLICANTS & EMERGENCY CONTACTS

Name of Child: _____

Year / Class: _____

Fill in the FULL ID numbers, where necessary.*Child's**
recent photo

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

*BC /PP/ FIN: _____ Enrolment Date: _____

Address: _____
_____**Main Applicant's**
recent photo

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 NOPaste
Second 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 NOPaste
Emergency Contact
Person's
recent Photo
hereEmergency 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 NOPaste
Emergency Contact
Person's
recent Photo
hereEmergency 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

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: _____

ANNEX C. DOCUMENTS & PHOTOGRAPHS TO BE SUBMITTED

The Kindergarten will contact you if your child is shortlisted and will arrange for a 'Getting to Know Session', at which your child must be present.

During the session and upon confirmation of registration, these are the necessary documents and photographs to be submitted.

(Note: For a foreign child with no Dependant Pass, Long Term Visit Pass or Immigration Exemption Order, an approved Student Pass is required before admission into the Kindergarten.)

A: Documents required for verification:

- 1) Child: Birth Certificate / FIN / Passport
- 2) Main applicant: NRIC / FIN / Passport
- 3) Second applicant: NRIC / FIN / Passport
- 4) CDA letter or card (if use CDA for fees)
- 5) Sibling's birth certificate (if use sibling's CDA for fees)

B: Documents (copy) required for submission:

- 1) Child's Health Booklet (for birth order, developmental & immunization records / certificate)
- 2) Letter of Authorization (if any, for guardianship)
- 3) Divorce & Custody Papers: With clause stating who has 'care & control' of child. (if in process of divorce/separation)
- 4) Student Pass: If child is a foreigner without a Dependant Pass (DP), Long-Term Visit Pass (LTVP) or Immigration Exemption Order (IEO).

C: Photographs to be submitted:

- 1) Child
- 2) Main applicant
- 3) Second applicant
- 4) Emergency contact(s)
- 5) Authorized person(s) fetching child