

Affix Child's Photograph

Please tick (✓) the appropriate boxes

### REGISTRATION FORM

<b>Session:</b> <input type="checkbox"/> AM (8.30 am to 11.30 am) <input type="checkbox"/> PM (12.00 pm to 3.00 pm)	<b>For Official Use Only</b>			
<b>Level:</b> <input type="checkbox"/> PG (18 - 36 months) <input type="checkbox"/> 5-day (M-F) <input type="checkbox"/> 3-day (T, W, TH) <input type="checkbox"/> N1 (3 years old) <input type="checkbox"/> N2 (4 years old) <input type="checkbox"/> K1 (5 years old) <input type="checkbox"/> K2 (6 years old)	<b>Date of Enrolment:</b> _____ - _____ - _____ dd - mm - yyyy	<b>Class:</b> _____	<input type="checkbox"/> LL _____ <input type="checkbox"/> CL _____ <input type="checkbox"/> TR _____ <input type="checkbox"/> CMS _____	<input type="checkbox"/> LL _____ <input type="checkbox"/> CL _____ <input type="checkbox"/> TR _____ <input type="checkbox"/> CMS _____

#### (1) Priority Registration (if applicable)



<input type="checkbox"/> Sibling is currently a student in BRMCK.	Name: _____	Year	Level	Class	<input type="checkbox"/> AM <input type="checkbox"/> PM
Either <input type="checkbox"/> parent or <input type="checkbox"/> older sibling was an ex-student of BRMCK.	Name: _____	Year of graduation: _____  (please attach graduation certificate)			

#### (2) Child's Particulars

<b>Full Name (as in birth certificate):</b> _____		<b>Chinese Characters (if applicable):</b> _____			
<b>Birth Certificate No / NRIC / FIN No:</b> _____	<b>Date of Birth:</b> _____ - _____ - _____ (dd - mm - yyyy)	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female			
<b>Citizenship:</b> <input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore Permanent Resident <input type="checkbox"/> Foreigner: <input type="checkbox"/> Dependant's Pass <input type="checkbox"/> Long-Term Visit Pass <input type="checkbox"/> Short-Term Visit Pass <input type="checkbox"/> Student Pass					
<b>Race:</b> <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others (Please specify): _____					
<b>Religion:</b> <input type="checkbox"/> Christianity <input type="checkbox"/> Buddhism <input type="checkbox"/> Hinduism <input type="checkbox"/> Islam <input type="checkbox"/> Others (Please specify): _____					

#### School last attended (if applicable):

#### (3) Parents' / Guardian's Particulars


<input checked="" type="checkbox"/> Please tick where appropriate	<input type="checkbox"/> Father <input type="checkbox"/> Guardian: _____ (Please state relationship to child)	<input type="checkbox"/> Mother <input type="checkbox"/> Guardian: _____ (Please state relationship to child)
<b>Full Name: (as in NRIC)</b>	_____	_____
<b>NRIC / FIN No:</b>	_____	_____
<b>Date of Birth:</b>	_____ - _____ - _____ (dd - mm - yyyy)	_____ - _____ - _____ (dd-mm - yyyy)
<b>Citizenship:</b>	<input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Foreigner	<input type="checkbox"/> Singaporean <input type="checkbox"/> Singapore PR <input type="checkbox"/> Foreigner
<b>Marital Status:</b>	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced* <input type="checkbox"/> Separated*  Legal Document*	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced* <input type="checkbox"/> Separated*  Legal Document*
<b>Address: (Only one address needs to be filled if both parents / guardians share the same address.)</b>	Block/House No: ___ Floor/ Unit No: # ___ - ___ Street: _____ Building: _____ Postal Code: _____	Block/House No: ___ Floor/ Unit No: # ___ - ___ Street: _____ Building: _____ Postal Code: _____
<b>Highest academic qualification:</b>	_____	_____
<b>Occupation:</b>	_____	_____
<b>Name of Company:</b>	_____	_____
<b>Office / Home Tel No:</b>	(O) _____ (H) _____	(O) _____ (H) _____
<b>Mobile No:</b>	_____	_____
<b>Email address:</b>	_____	_____
<b>Religion:</b>	<input type="checkbox"/> Christianity <input type="checkbox"/> Buddhism <input type="checkbox"/> Hinduism <input type="checkbox"/> Islam <input type="checkbox"/> Others (Please specify): _____	<input type="checkbox"/> Christianity <input type="checkbox"/> Buddhism <input type="checkbox"/> Hinduism <input type="checkbox"/> Islam <input type="checkbox"/> Others (Please specify): _____
<b>Church: (if applicable)</b>	_____	_____
<b>Denomination: (if applicable)</b>	_____	_____
<b>Gross Monthly Income: (optional)</b>	<input type="checkbox"/> < \$6K <input type="checkbox"/> \$6,001-\$7.5K <input type="checkbox"/> \$7,501-\$9K <input type="checkbox"/> \$9,000-\$10,500 <input type="checkbox"/> \$10,501-\$12K <input type="checkbox"/> > \$12K	<input type="checkbox"/> < \$6K <input type="checkbox"/> \$6,001-\$7.5K <input type="checkbox"/> \$7,501-\$9K <input type="checkbox"/> \$9,000-\$10,500 <input type="checkbox"/> \$10,501-\$12K <input type="checkbox"/> > \$12K

**(4) Authorised Caregivers** (The persons listed below are allowed to pick up my child after school)

Important Note: Please update the school if there are changes to the pick-up arrangement.

Name of Person (as in NRIC)	NRIC / FIN No:	Contact No.	Relationship to Child
(1)			
(2)			
(3)			

**(5) Child's Medical History** (please attach details where necessary)

Questions	Answers	 If Yes, please describe or elaborate. Please attach any relevant documents e.g. medical and / or assessment reports.
1. Does your child have any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Does your child have any special educational needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Is there anything else about your child that the school should be aware of? (e.g. health issues, temperament or unusual family circumstances, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**(6) Miscellaneous**

How did you come to know about Barker Road Methodist Church Kindergarten?

Friends / Relatives  ECDA website  Advertisement  Others (Please specify): \_\_\_\_\_

**(7) Mode of Payment** for Subsequent School Fees

CDA  GIRO  Electronic Funds Transfer  PayLah / PayNow (via school portal)  Cheque

**(8) Requirements**

No	Items	Remarks
1.	<b>Completed Registration Form</b>	With parents' signature
2.	<b>Child's Passport Size Photo</b>	Quantity: 1
3.	<b>Copy of your <input type="checkbox"/> Child's Birth Certificate</b> <input type="checkbox"/> Singapore Citizenship Certificate <input type="checkbox"/> Singapore PR Form 5A + Form 7	<b>Additional Document Required for Foreign Child:</b> Copy of <input type="checkbox"/> Dependant's Pass <input type="checkbox"/> Long-Term Visit Pass <input type="checkbox"/> Passport <input type="checkbox"/> Others (Please specify): _____
4.	<b>Copy of your Child's Immunisation Record</b>	Found in health booklet
5.	<b>Copy of Parents' Identity Cards</b>	<b>Foreign Parents:</b> Copy of <input type="checkbox"/> Employment Pass <input type="checkbox"/> Dependant's Pass <input type="checkbox"/> Passports <input type="checkbox"/> Others (Please specify): _____
6.	<b>Signed School Copy of BRMCK Administrative &amp; Financial Policies</b>	With parents' signature on every page
7.	<b>Initial School Term Fees:</b> Payment via A/C Payee Only Cheque addressed to: BARKER ROAD METHODIST CHURCH KINDERGARTEN	Initial School Term Fees Payable during registration is to be paid via cheque or electronic funds transfer only. Subsequent term fees may be paid via GIRO / CDA. Parents may apply for GIRO / CDA during registration.
8.	<b>GIRO or CDA application form</b>	All forms MUST be completed in ink and any amendments MUST BE COUNTERSIGNED by parent account holder. No correction fluid is allowed to be used on the form. Application will take 4-6 weeks to process by the bank.

**AGREEMENT & ACKNOWLEDGEMENT:**

I hereby solemnly confirm that all the information stated in this form is correct and true. I have read and understood the **BRMCK Administrative & Financial Policies and Parents' Handbook** and agree to abide by the rules, regulations, program requirements and any other amendments or variations that may be made known to parents / guardians from time to time.

By submitting all personal data listed on the form, I consent to BRMCK collecting, using, disclosing and / or processing all personal data for the purpose of my child's registration with the kindergarten and when my child has been successfully enrolled in the kindergarten. I hereby authorize BRMCK to store and use all personal data and our child's personal data and photo images as BRMCK deems fit.

I am **fully aware** that BRMCK is a Church-based Christian Preschool and that the Gospel of Christ will be shared. I agree for my child to participate in the preschool's daily devotion and worship program and any other church based related celebratory events.

I agree that NO REFUNDS whatsoever under all circumstances in the event of NO SHOW and / or CHANGE OF MIND for child to attend BRMCK in January of the new school academic year and / or scheduled date of admittance as per parents' request, unless written notice is given by **31<sup>st</sup> August** of the preceding year. All withdrawals must be made in writing. Any verbal and / or telephone withdrawals will not be processed.

<b>Name of Parent / Guardian:</b>			
<b>NRIC No.:</b>		<b>Relationship to Child:</b>	
<b>Signature of Parent/ Guardian:</b>		<b>Date:</b>	