

ENROLMENT FORM



Student's Full Name

Chinese Name (Written in Chinese)

Date of Birth (DD/MM/YYYY)

Place of Birth

Gender

☐ F ☐ M

Age

YEAR

MONTHS

Language Spoken

☐ ENGLISH

☐ MANDARIN

☐ B.MSIA

☐ OTHERS: _____

Child's Understanding of Instructions, verbal/ non-verbal:

☐ Good

☐ Fair

☐ None

Child's Spoken English:

☐ Good

☐ Fair

☐ None

Father's Name

Designation/ Occupation

Father's Contact No.

Email

Mother's Name

Designation/ Occupation

Mother's Contact No.

Email

Home Address

Home Phone No.

Office Address (either parent)

Office Phone No.

Correspondence Address (if different from Home Address)

Parents' Marital Status

☐ Married

☐ Divorced

☐ Separated

☐ Others _____

*** Additional Remarks by Parent/ Guardian/ School ***

Sibling(s) in family

Specify Age & Gender

1.

2.

3.

*** Allergies and other pertinent health information (e.g. special needs) ***

PROGRAMME & CLASS

- | | |
|--|-------------|
| <input type="checkbox"/> Nursery 1 (N1) | 2 & 3 Years |
| <input type="checkbox"/> Nursery 2 (N2) | 4 Years |
| <input type="checkbox"/> Kindergarten 1 (K1) | 5 Years |
| <input type="checkbox"/> Kindergarten 2 (K2) | 6 Years |
-

PARENT/ GUARDIAN'S DECLARATION

I, _____ parent/ guardian of _____
class _____, confirm that all the information provided in this Enrolment Form is true.
All information about my child has been mentioned, including important information about my child's past/
current personal experience, school experience, general condition, health and behavior. I confirm that no
information about my child that may affect his/ her enrolment is withheld.

Parent's Signature

Date

*** DOCUMENTS REQUIRED FOR ENROLMENT ***

1. Child's birth certificate, 1 copy
2. Child's passport-size photo, 2 pieces
3. Child's immunisation record, 1 copy
4. BOTH Parents/ Guardian's IC/ Passport, 1 copy each
5. Any other relevant documents pertaining to the child/ family's background



BRAIN CHAMPS

A Holistic Education System

by Kids Love Learning Sdn Bhd

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T. +603 77253225

hello@brainchamps.my

www.montessorikindergartens.com

Facebook: www.facebook.com/pages/kindergartenchildcare

FAMILY CAR REGISTRATION & ALTERNATIVE TRANSPORT AUTHORISATION

Father/ Mother's Car Registration No.

Make & Model

1.

2.

Authorized person(s) to send and/ pick up my child from the school:

Name

Relationship

Contact No.

Car Registration No.

Name

Relationship

Contact No.

Car Registration No.

I understand that the school will contact me for verification, if any one not listed on the form comes to the school to send and/ pick up my child. The school will not release my child without my verification.

Parent's Signature

Date

EMERGENCY CONTACT

In case of an accident, every effort will be made to contact the parents of the child. However, if it is not possible to reach the parents, it may be necessary for the child to be taken to the hospital for emergency treatment.

Physician's Name/ Clinic/ Hospital

Contact No.

Clinic's/ Hospital's Address

If the School is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact the physician, the School may make whatever arrangements seem necessary.

Parent's Signature

Date

PARENT/ GUARDIAN'S CONSENT FOR CHILD TO PARTICIPATE IN INDOOR & OUTDOOR ACTIVITIES, PHYSICAL EDUCATION AND GYM SESSIONS

My child is allowed to participate in Indoor and Outdoor Activities (regular activities within the school compound, e.g. gardening, playground, water play) & Physical Education and Gym sessions, under the careful guidance and monitoring of the school's teachers and staff. I know that the school, its staff and contractors have taken all necessary steps to ensure the safety of my child. I understand that there may be unforeseen circumstances where my child will incur injuries as a result of his/ her participation in the activities/ sessions, and I will not hold the school, its staff or contractors liable for such injuries.

Parent/ Guardian's Signature

Date

PARENT/ GUARDIAN'S CONSENT FOR USE OF CHILD'S PHOTOS & VIDEOS

The school has my consent to use photographs and/ videos of my child, for the use on its website, facebook, newsletters, or other materials, for communication or marketing purposes.

Parent/ Guardian's Signature

Date

TERMS AND CONDITIONS OF ENROLMENT

SCHOOL FEES

Month school fees are to be paid in full, before or on the **1st of each month**. Late payment charge of 5% of the total fees due will be charged to payment made after the 1st.

* * * School fees are to be paid for the **FULL MONTH**, for the months of:

HALF-DAY Programme to pay in full from January to November

FULL-DAY Programme to pay in full from January to December

Full fees are to be paid for all the months in order to secure the child's place in class. **Refunds, transfers, or partial payments are NOT POSSIBLE at any time, under any circumstances or reasons.** Deductions, discounts or suspension of fee payments are not possible, even if absences are due to illness, travels, public or school holidays, or any other reasons.

Tuition and Enrichment Classes run from January to November. Replacement classes will be given for classes missed due to school holidays only. Replacement or refund is not possible for missed classes due to public holidays, illness, travels or any other reasons.

DEPOSITS

Security deposit is required to secure a place in class, for a new enrolment. Refund of deposit is possible, when a written **notice period of 60 days** is given to the school **while still studying (last 60 days monthly fee paid in full)**, after deduction of any arrears. School fees are to be paid through the last month of study during the notice period.

PAYMENT METHODS

Payment made by cheque: include child's name & the month which payment is made for, on the back of cheques, issued in honour of '**Brain Champs Sdn Bhd**'. Post dated cheques not accepted.

Bank transfers: **CIMB Bank 8008 188 234**. Bank in slip/ transfer receipts need to be attached to child's Message Book for school's record.

Cash payments **MUST** be in a sealed envelop, with child's name and details of payment on envelop.

SICK CHILD

You child needs to stay home if s/he is coughing, sneezing, vomiting, running a fever, has rashes, ulcers in mouth, etc. S/he can only return when no symptoms are showing for 24 hours.

For cases where full-day parents unable to take leave off work to keep sick child at home, the child can return to school while still with symptoms. However, the parent needs to provide ONE pack of child-size facemask for the child to put on at all times, and the child will be isolated from the group.

A pack of masks will be given to the sick child without masks, to be used in school. RM10 will be charged for the pack of masks.

LABELING BELONGINGS

A permanent label/ marking is required for child's belongings: shoes, bag, bottle, food container, towel etc.

FOOD & DRINK

Snacks and meals free from pork and beef origins are provided according to the programme enrolled. Children are required to bring own water bottle daily.

DISCIPLINE

Physical discipline is not practiced in the school. A 5-minute time out and diversion strategy is usually used to calm children who displayed undesirable behaviours in class. Your teacher will routinely inform you of such incidents.

OVERTIME PICK UP

Overtime/ late pick up charge of RM 10 applied for pickups after normal scheduled time: from 12.45pm/ 7pm.

I, (name) _____ IC _____

parent of (child's name) _____ Class _____

acknowledged and agreed with the Terms and Conditions Of Enrolment set out by the school.

Parent/ Guardian's Signature

Date

FOR OFFICE USE ONLY

STUDENT ENROLMENT RECORD
(STAPLE THIS FORM TO ENROLMENT FORM)

PROGRAMME

MONTHLY FEES (for 2019 new enrolment)

HALF DAY

FULL DAY

1st & 2nd YEAR☐ RM 480☐ RM 1,1503rd, 4th & 5th YEAR☐ RM 550☐ RM 1,300Lunch (half day, *optional*)Add (+) ☐ RM 120 per month (showers not included)Before school care
(from 7am)Add (+) ☐ RM 150 per month (breakfast included)

Total RM _____ per month

Class ☐ N1: 2 & 3 Years ☐ K1: 5 Years

First Day of Class ____ / ____ / ____

☐ N2: 4 Years ☐ K2: 6 YearsRemarks

ENROLMENT FEES

Amount

Date Paid

REGISTRATION (paid once only)

RM 150

____ / ____ / ____

MATERIALS **Half-day** RM 500 (Jan) ____ / ____ / ____ RM 500 (June) ____ / ____ / ____**Full-day** RM 600 (Jan) ____ / ____ / ____ RM 600 (June) ____ / ____ / ____

UNIFORMS (RM 60 per set x ____ sets]

RM _____

____ / ____ / ____

SPORTS DAY & FIELD TRIP

RM 200

____ / ____ / ____

END OF YEAR CONCERT

RM 250

____ / ____ / ____

SECURITY DEPOSIT (paid once only)

RM500

____ / ____ / ____

Deduction of arrears

Reason/Item

Amount (RM)

_________ / ____ / ____
____ / ____ / ____
____ / ____ / ____

Balance of Security Deposit to refund = RM _____

Date of withdrawal notice given to school

____ / ____ / ____

Refund to be made to (Name) _____

Parent/ Guardian's acknowledgement of refund

Bank & Cheque No:

Parent/ Guardian's name

Date Refunded

____ / ____ / ____

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