



**MODERN MONTESSORI PRE-SCHOOL CENTRE**  
(Operated by Modern Childcare & Development Centre Pte Ltd)  
E-mail: kovan@modern-montessori.com Website: www.modern-montessori.com

**APPLICATION FOR ADMISSION TO AN INFANT / CHILD CARE CENTRE**

**SECTION I CENTRE DETAILS**

- This form will take you 10 minutes to complete.**  
**You will need the following information to fill in the form:**
- Child's Birth Certification / Passport
  - Mother's / Single Father's / Guardian's / NRIC Passport
  - Employment Details of Mother/ Single Father/ Guardian
  - Spouse's NRIC / Passport and Employment Details
  - 5 pieces of passport sized photo of child

**SECTION I(A) ENROLMENT DETAILS (TO BE FILLED IN BY CENTRES)**

Admission Date : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)

Date of Birth : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)

Type of **Infant** Care Programme:  Full Day  Half-Day (AM)  Half-Day (PM)  
 Flexi Care 2 - Above 24 hours to 36 hours per week  
 Flexi Care 3 - Above 36 hours to 48 hours per week  
 Emergency Care

Type of **Child** Care Programme:  Full Day  Half-Day (AM)  Half-Day (PM)  
 Flexi Care 2 - Above 24 hours to 36 hours per week  
 Flexi Care 3 - Above 36 hours to 48 hours per week  
 Child Before School  
 Child After School  
 Emergency Care

Trial Period:  2 weeks  3 weeks

**(Note: Centres are required to provide a trial period of at least 2 weeks for new enrolments.)**

**SECTION I(B) CHILD PARTICULARS**

Name as in Birth Certificate / Passport : \_\_\_\_\_

Birth Certificate No. / Passport No. / UIN / FIN No. : \_\_\_\_\_

Nationality :  Singapore Citizen  Permanent Resident  Others (please specify)

Gender :  Male  Female

Race :  Chinese  Eurasian  Indian  Malay  Others (please specify) \_\_\_\_\_

Total No. of Children in Family : \_\_\_\_\_ Birth Order : \_\_\_\_\_

Is Child currently enrolled in another centre? :  Yes  No

\*If yes, please state the Programme Type enrolled:

Half Day (AM)    Half Day (PM)    Flexi 1/2/3/4    Others (please specify) \_\_\_\_\_

**Instruction for centres**

\*This information is for centres to advise parents on subsidy rates. Not to be keyed into CCLS.

Is Child attending Primary School? :  Yes    No

Is Child in a Children's Home? :    Yes    No

Organisation Name (If Child is being enrolled by an Organisation) : \_\_\_\_\_

**SECTION II(A) APPLICANT PARTICULARS (i.e. Mother / Single Father / Guardian)**

Name as in NRIC / Passport : \_\_\_\_\_

NRIC No. / Passport No. / UIN / FIN No. : \_\_\_\_\_

Date of Birth : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)

Nationality :  Singapore Citizen    Singapore Permanent Resident    Others (please specify) \_\_\_\_\_

Race :    Chinese    Eurasian    Indian    Malay    Others (please specify) \_\_\_\_\_

Relationship to Child :    Mother    Father    Guardian    Grandmother    Grandfather  
 MCYS Foster Mother    Head, Children Home    Others(please specify) \_\_\_\_\_

Marital Status :    Single    Married    Divorced    Separated    Widowed

**Residential Address**

Block No. : \_\_\_\_\_ Floor No. : \_\_\_\_\_ Unit No. : \_\_\_\_\_

Building Name : \_\_\_\_\_

Street Name : \_\_\_\_\_

Postal Code : \_\_\_\_\_

Housing Type:  HDB 1-room    HDB 2-room    HDB 3-room    HDB 4-room

HDB 5-room & Larger Flats    Condominium, Private Flats & Landed

Handphone No. : \_\_\_\_\_ Home Tel No.: \_\_\_\_\_

Email Address : \_\_\_\_\_

Highest Educational Qualification :    No Formal Qualification    Primary Education    Secondary (General)  
 Secondary (Vocational)    Junior College/Pre-U    Polytechnic Diploma  
 University Degree    Post Graduate    Others

Working Status :    Working (56 hours or more per month)    Working (Less than 56 hours per month)  
 Not Working

Household Income:    \$1,000 and below    \$1,001 - \$1,500    \$1,501 - \$1,800    \$1,801 - \$4,000  
 \$4,001 - \$6,000    \$6,001 - \$8,000    \$8,001-\$10,000    > \$10,000

**IF WORKING, PLEASE FILL UP EMPLOYMENT DETAILS:**

Company Name: \_\_\_\_\_

Commencement Date: \_\_\_\_\_ (MANDATORY)

**Company Address**

Local  Overseas

Block No. : \_\_\_\_\_ Floor No. : \_\_\_\_\_ Unit No. : \_\_\_\_\_

Building Name : \_\_\_\_\_

Street Name : \_\_\_\_\_ Postal Code : \_\_\_\_\_

Office Tel. No. : \_\_\_\_\_ Fax No. : \_\_\_\_\_

**Occupation** :

- Clerical Workers  CEO or Director  Executives & Managers  
 Production Craftsmen & Related Workers  Professionals (Doctors, Lawyers, Accountants, Engineers etc.)  
 Self- Employed  Service & Sales Workers  Technicians & Associate Professionals  
 Others, please specify: \_\_\_\_\_

Total No. of Working Hours per **Month**: \_\_\_\_\_

**SECTION II (B) SPOUSE PARTICULARS (Mandatory if the Main Applicant is Married)**

Name as in NRIC / Passport : _____
NRIC No. / Passport No. / UIN / FIN No. : _____
Date of Birth : ____ / ____ / ____ (dd/mm/yyyy)
Nationality : <input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore Permanent Resident <input type="checkbox"/> Others (please specify) _____
Race : <input type="checkbox"/> Chinese <input type="checkbox"/> Eurasian <input type="checkbox"/> Indian <input type="checkbox"/> Malay <input type="checkbox"/> Others (please specify) _____
Home Tel No. : _____
Handphone No. : _____ Office Tel No. : _____
Email Address : _____
Highest Educational Qualification : <input type="checkbox"/> No Formal Qualification <input type="checkbox"/> Primary Education <input type="checkbox"/> Secondary (General) <input type="checkbox"/> Secondary (Vocational) <input type="checkbox"/> Junior College/Pre-U <input type="checkbox"/> Polytechnic Diploma <input type="checkbox"/> University Degree <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others
Working Status : <input type="checkbox"/> Working <input type="checkbox"/> Not Working
<b>If working, please select Occupation</b>
<input type="checkbox"/> Clerical Workers <input type="checkbox"/> CEO or Director <input type="checkbox"/> Executives & Managers <input type="checkbox"/> Production Craftsmen & Related Workers <input type="checkbox"/> Professionals (Doctors, Lawyers, Accountants, Engineers etc.) <input type="checkbox"/> Self- Employed <input type="checkbox"/> Service & Sales Workers <input type="checkbox"/> Technicians & Associate Professionals <input type="checkbox"/> Others, please specify: _____

**SECTION III(A) APPLICATION FOR INFANT / CHILD CARE SUBSIDY**

Applying for Subsidy:  Yes  No  
Subsidy with effect month : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)

**SECTION III(B) APPLICATION FOR SPECIAL APPROVAL**

Applying for Special Approval:  Yes  No (If Yes, Please fill in Form 2)

**SECTION IV TO BE SIGNED BY THE APPLICANT**

I declare that the information provided in this application by me is true and I furnish it knowing that I may be liable to prosecution if I have wilfully stated any information which I know to be false or do not believe to be true. I also understand that any part of this application improperly completed may lead to the rejection of the application.

I hereby consent to the Ministry of Community Development, Youth and Sports releasing my particulars and those of my child/children presently in a child care centre to the Health Promotion Board (HPB). I also consent to my child/children being screened under the health programmes of HPB. I understand that HPB will keep my particulars and those of my child/children strictly confidential.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**SECTION V DECLARATION BY CHILD CARE CENTRE**

**Fee Paid for the Current Month :**

Full Month Programme Fee  Pro-rate 2 weeks  Pro-rate 3 weeks

No Fee / Free Trial / Pro-rate less than 2 weeks (not entitled to subsidy)

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I have verified the foregoing information to be true and understand that our centre may be liable to prosecution for any information furnished by the applicant which I know to be false or do not believe to be true. I understand that any part of this application improperly completed may lead to the rejection of the application

\_\_\_\_\_  
Name / Designation of CCC Personnel

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Contact No.

\_\_\_\_\_  
Date (dd/mm/yyyy)

**PICK UP AUTHORISATION**

The following named individuals are the only persons authorized to pick up my child from the centre. The Centre is indemnified from any damages, claims or any liabilities, which might result from the staff of the Centre releasing my child to me or to any person named below.

**Section IV Declaration**

1. I hereby release, indemnify and hold harmless against the centre for any accident that may occur to my child while he/she is at the Centre.
2. Permission is hereby granted for my child to participate in any outings or excursions as you may conduct in connections with activities of the Centre. Such outings or excursions are optional and hence arrangement will be made for children who do not participate.
3. I hereby release, indemnify and hold harmless against the centre for any or all damages, claims and other liabilities resulting from such outings.
4. I hereby release, indemnify and hold harmless against the centre for any or all accidents, damages, claims and other liabilities resulting from our extra curricular activities such as swimming, yoga, indoor gym, and physical programme.
5. The cost of any such outings will be borne by me.
6. Permission is hereby granted to the centre to seek medical or hospital attention for my child in the event of any emergency when it is not possible to contact me. In such an event, I shall be responsible for all the expenses incurred (eg. transport, medical fees and administrative costs)
7. I understand that class teachers may use mass e-mailing to correspond with parents on a regular basis pertaining to classroom activities. I hereby offer my consent to have my e-mail address included in the mass-emailing list. I hereby hold harmless against the centre for any damages should any information or images be released accidentally to third parties during the mass-emailing process.
8. Permission is also granted for my child to be included in any pictures of materials used to illustrate the activities and promotion of the Centre.
9. The details in this form are to the best of my knowledge true and correct and I will keep the Centre informed of any changes.
10. **I understand that there is a 2 week' trial period, during which I do not have to pay the deposit or give 1 month notice should I decide not to continue with the Centre. During the trial period, I understand that the following fees will be charged:-**  
  - Registration fee( non- refundable)●Insurance ( non- refundable) ●Half-month fee**I understand that the half month fee during the trial period is payable irregardless of the number of days the child stays at the centre. In the event of withdrawal during the trial period, there will be no refund.**  
  
**I understand that I need to give the Centre 1 calendar month of written notice (1st to 30th) after the trial period for withdrawal regardless of the circumstances and I shall abide by the procedures and conditions as set out in the Parents' Handbook regarding enrolment and withdrawal.**
11. I declare that the information submitted by me to the centre and the government bodies are true and accurate and I undertake to inform the school of any changes, in particular my employment status.
12. **I understand that fees are still payable due to school holidays and closure as directed by the government or authorities and that there will be no compensation. I will also pay the school fees on time. Parents are required to continue the payment of the monthly school fees (in full) even if their child is away from the centre due to illness, holiday, etc.**
13. I understand that if I decide to cancel this enrolment prior to commencement of class, a cancellation fee will be levied.
14. **I have received and read the Rules and Regulations of the centre as outlined in the Parents' Handbook and I agree to abide by the terms and conditions.**
15. The centre reserves the right to amend any clause stated herewith by giving one month notice in writing.
16. **I declare that the information provided in this application by me is true and I furnish it knowing that I may be liable to prosecution if I have wilfully stated any information which I know to be false or do not believe to be true. I also understand that any part of this application improperly completed may lead to the rejection of the application.**  
  
**I hereby consent to the Ministry of Community Development, Youth and Sports releasing my particulars and those of my child/children presently in a childcare centre to the Health Promotion Board (HPB). I also consent to my child/children being screened under the health programme of HPB. I understand that HPB will keep my particulars and those of my child/children strictly confidential.**

\_\_\_\_\_  
Name and Signature of Parent

\_\_\_\_\_  
Date

**Official use only**  
**Verification of eligibility (To be completed by Childcare Centre)**

Full fees paid :  Yes  No

Date of Registration \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (dd/mm/yy)

Date of Admission \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (dd/mm/yy)

Fees for Programme Type \_\_\_\_\_

Add -Other, Charges (transport, uniforms, etc.)

Registration \_\_\_\_\_

Deposit \_\_\_\_\_

Uniforms \_\_\_\_\_

Insurance \_\_\_\_\_

Sub-total \_\_\_\_\_

Subtract

Discounts (staff, sibling, etc.) \_\_\_\_\_

Others \_\_\_\_\_

Net Fees Paid \_\_\_\_\_

Cheque No. \_\_\_\_\_ O/R No \_\_\_\_\_

Special approval for subsidy :  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Trial Enrolment**

Full Day  Half Day

**Trial Period:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to  
\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Registration : \_\_\_\_\_

Insurance : \_\_\_\_\_

Trial Fees : \_\_\_\_\_

Total : \_\_\_\_\_

Payment Mode : \_\_\_\_\_

O/R : \_\_\_\_\_

***Confirm Enrolment***

Deposit : \_\_\_\_\_

Top Up Fees : \_\_\_\_\_

Miscellaneous : \_\_\_\_\_

I have verified the foregoing information to be true and understand that our centre may be liable to prosecution for any information furnished by the applicant which I know to be false or do not believe to be true. I understand that any part of this application improperly completed may lead to the rejection of the application.

\_\_\_\_\_  
Name / Signature  
of childcare personnel/supervisor

\_\_\_\_\_  
Date