

Registration Form

Child's Name: _____ Male
Surname/Family name First Name Female

Date of Birth: _____ Place of Birth: _____

Parents' Name: Father: _____ Mother: _____

Parents' Occupation: Father: _____ Mother: _____

Nationality: Father: _____ Mother: _____ Child: _____

ID: _____ ID: _____ ID: _____
(ID number refers to Malaysia ID, Employment pass/Dependent pass holders, Malaysia Permanent Resident Pass)

Passport (Country of Issue): Father: _____ Mother: _____ Child: _____

Home address: _____

Parents' Company Name and address: _____

To which address should bills/correspondence be sent? Home Business

Contact Details:

Telephone Number (Work): Father: _____ Mother: _____

Hand phone number: Father: _____ Mother: _____

Telephone number (Home): _____ Email Address: _____

Email address (Work): Father: _____ Mother: _____

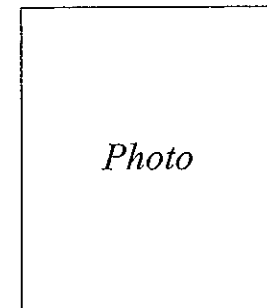
Emergency contact details:

If we cannot be reached in case of emergency or cannot collect our child on a normal day, the following person is authorized to act on our behalf:

Name: _____ Contact Number: _____

Relationship to child: _____

Siblings	Name	M/F	Date of Birth	Present School
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Will your child attend a half day or full day programme? Full Day Half Day
Please note that half day is only applicable to nursery children

Child's history: Please tell us a little about your child, so that we may better understand and support him/her	Please circle where appropriate
What language does your child generally speak at home?	
Does your child speak English?	Yes / A little / No
Is your child speaking his/her own language at an appropriate level for his/her age OR do you have any difficulty in understanding your child's speech?	Yes / No
Is your child toilet-trained?	Daytime Yes / No – Night Yes / No
Did your child reach the developmental milestones at the appropriate time? E.g. Sitting up, crawling, walking, talking	Yes / No
Has your child suffered any major illness? If yes, please provide details:	Yes / No
Has your child has any major operations? If yes, please provide details:	Yes / No
Does your child have any allergies? If yes, please provide details:	Yes / No
Does your child have any specific fears? If yes, please provide details:	Yes / No
Does your child have any specific learning, physical or behavioural difficulties? If yes, please provide details:	Yes / No
Do you have any general comments about your child which you wish to place on record? If yes, please provide details:	Yes / No

Mandarin will be offered to all children. Is there another language that you would be interested in your child learning? _____

For social purposes, do you consent making your name & home phone number available to other parents in your child's class? Yes No

We seek your permission to use your child's photograph and/or work for the purposes of demonstration or promotion of our centre. Yes No

School Fee Policy

Registration : A non-refundable registration fee of RM2,000 + Service Tax upon enrolment.

Deposit : A deposit equivalent to 1 (one) term's fee is payable upon enrolment. The deposit shall be refunded in full after deducting any amount due to the school, provided written notice is served of at least 8 term weeks before the child is withdrawn. In case of insufficient notice, 50% of the deposit shall be retained. All payments are payable to MidWest Acres Sdn Bhd.

Parents Signature _____ Date _____

Please note that your child's registration will be accepted only when accompanied by the non-refundable registration fee of RM2,000 + Service Tax.

Please provide photocopies of passports, ID cards, 1 ID photographs of the child and immunization records.

For Official Use

Registration number	Date
Registration fee/Deposit	Orientation date
Class admitted to	Commencement date
Remarks	Holiday activities
Mode of transportation	After school care