

Modern Montessori International Vietnam Registration Form

SECTION 1 CHILD'S PARTICULARS	
Full Name as on Birth Certificate/Passport: _____	
Birth Certificate No./ Passport No: _____	Date of Birth: _____ (dd/mm/yyyy)
Class:	<input type="checkbox"/> PG <input type="checkbox"/> PN <input type="checkbox"/> N <input type="checkbox"/> K1 <input type="checkbox"/> K2
Date of Admission: _____ (dd/mm/yyyy)	
Type of Programme:* International Programme /* Bilingual Programme * * Delete where not applicable	
Nationality: _____ Country of Birth: _____ Gender: Male / Female (Please circle)	
Total No. of Children in Family: _____ Birth Order: _____	
Main Language Spoken at Home: _____ _____	

Section 2: Mother's Particulars:		
Full Name:		
ID/Passport No:	Date of Birth:	(dd/mm/yyyy)
Nationality:	Country of Birth:	
Address:		
Marital Status: Single/Married/Divorced/Widowed/Other		*Delete where not applicable
Mobile number:	Home Tel Number:	
E-mail address:		
Occupation:		
Company Name:		
Company Address:		
Company Tel:		
Section 3: Father's Particulars:		
Name:		
ID/Passport no:	Date of Birth:	(dd/mm/yyyy)
Nationality:	Country of Birth:	
Address:		
Marital Status: Single/Married/Divorced/Widowed/Other		*Delete where not applicable
Mobile number:	Home Tel Number:	
Email address:		
Occupation:		
Company Name:		
Company Address:		
Company Tel:		
SECTION 4 DECLARATION OF CHILD'S MEDICAL RECORD		
Please fill in accordingly:		
1. TYPE OF VACCINATION		
BCG Date	: _____	Poliomyelitis Date : _____
Triple Antigen Date	: _____	Measles Date : _____
PAST HISTORY OF DISEASE		

Chicken Pox Date : _____ Diabetes Date : _____
 Mumps Date : _____ Hepatitis Date : _____
 Measles Date : _____ Others (specify) : _____

2. PAST MEDICAL HISTORY

Congenital Heart Disease YES / NO Asthmatic Bronchitis YES / NO
 Epileptic Fits YES / NO Others (specify) _____

3. PHYSICAL DISABILITIES

Speech YES / NO Hearing YES / NO
 Sight YES / NO Movement YES / NO
 Others (specify) _____

4. Does your child suffer from any of the following illnesses? Please give details:

Frequent colds _____ YES / NO
 Tonsillitis _____ YES / NO
 Ear Aches _____ YES / NO
 Stomach aches _____ YES / NO
 Vomits easily _____ YES / NO
 High fever _____ YES / NO
 Asthma _____ YES / NO

5. Has your child had any serious accidents? _____ YES / NO

6. Does your child have any food allergies? _____ YES / NO

7. Does your child have any drug allergies? _____ YES / NO

Food/or Drugs Your Child is Allergic To	Reaction Experienced after Exposure – Please be specific (e.g. vomiting, dizziness, rash, hives, etc.)

Other Allergies (e.g. soap, shower gel, pollen, etc.)	Reaction Experienced after Exposure – Please be specific (e.g. vomiting, dizziness, rash, hives, etc.)

8. Special diet required? _____ YES / NO

9. Information of Family Doctor

Name of Family Clinic:	
Name of Doctor:	
Address of Clinic:	
Contact Numbers:	
Special Instructions: (If any)	

SECTION 5 PICK-UP AUTHORIZATION

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

Name: _____ Name: _____

Relationship to child: _____ Relationship to child: _____

Contact No: _____ Contact No: _____

In case of emergency, when parents cannot be contacted, whom should the School contact?

Name: _____ NRIC No: _____

Relationship to Child: _____ Contact No: _____

Address: _____

Name and Signature of Parent

Date

****PLEASE PROVIDE 2 PHOTOS 3CM X 4CM OF EACH PERSON AUTHORIZED FOR ID CARD TO BE ISSUED.**

SECTION 6 ALTERNATIVE CAREGIVER AUTHORIZATION

In an event of voluntary or mandatory closure of School due to infectious diseases such as contracts HFMD, Chicken Pox or other contagious diseases , kindly provide contact information of alternative care arrangement for your child

Child's Name:	
Name of Alternative Caregiver	
ID No of Alternative Caregiver	
Relationship to the Child	
Contact No. of Alternative Caregiver	
Address of Alternative Caregiver	

Parent's/Guardian's Signature

Date

SECTION 7 CONSENT FOR USAGE OF CHILD IMAGES

LETTER OF CONSENT

I, _____ of ID No. _____, Parent of _____ of BCN/ID No. _____, hereby * grant / do not grant Modern Montessori International (MMI) Vietnam the permission to include my child's images to illustrate the activities and promotions of all MMI Schools. This includes advertisement, literature and MMI online platforms such as MMI's Website, Facebook, Twitter and YouTube.

Thank you for your support.

Parent's/Guardian's Signature

Date

** Delete where appropriate*

SECTION 8 CONSENT FOR OUTDOOR PLAY AND NATURE WALKS

INFORMATION

Throughout the year, MMI Preschool will take the children for outdoor play and nature walks around the neighbourhood. These activities enhance children's physical, linguistic and emotional development as well as sharpen their observational skills. It is also an extension of our Literacy programme. The children will expand their knowledge and vocabulary about objects and people in their surroundings.

These activities will also instill, in them, values of self-discipline, co-operation, turn-taking, obeying of rules, basic road safety and more. The wider exposure will boost their classroom experiences to a higher level as they will have a deeper pool of reference.

The School will take every precaution to ensure your child's safety on these trips.

LETTER OF CONSENT

I, _____ of NRIC/FIN No. _____,

Parent of _____ of BCN/FIN No. _____,

* Allow / Do Not Allow my Child to participate in outdoor play and nature walk activities. I understand that the School will take precautions to ensure the safety of my child and I will not hold the School responsible should any mishap befall my child in the course of these activities.

Parent's/Guardian's Signature

Date

** Delete where appropriate*

SECTION 9 CONSENT FORM**CONSENT FORM**

Kindly review the table below (please refer to the relevant column), fill out accordingly and sign and return this form to the School.

S/N	Purpose of Collection, Use and Disclosure	Yes	No
1	I hereby grant permission to the School to contact me for matters pertaining to my child's development at the school via phone, sms, fax or email?		
2	I hereby grant permission to the School to contact me in regards to external programs that are promoted & marketed by external parties via phone, sms, fax or email?		
3	I hereby grant permission to the School to use my child's photos and/or video images on the School's website?		
4	I hereby grant permission to the School to use my child's photos and/or video images on the School's social media platforms such as Facebook or Twitter etc.?		
5	I hereby grant permission to the School to use my child's photos and/or video images on print collateral's such as brochures and/or flyers or marketing purposes such as print advertisements in newspapers or magazines?		
6	I hereby grant permission to the School to share the relevant personal data of my child and my contact information with our school vendors in relation to school activities such as graduation concert, field trips, enrichment classes and related activities?		
7	I hereby grant permission to the School to use my child's portfolio for School display, exhibition, competition and other related purposes?		
8	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 and no malice against the School, for any damages should any information or images be released accidentally to third parties during the mass-emailing process?		
9	I am fully aware and grant permission for the School to provide my child/rens and my personal data to the relevant government authority when they are needed?		

Kindly be assured that the data given to MMI Vietnam will be kept securely with limited access.

I declare that the personal data provided to you is true and accurate. I fully understand and agree that the personal data which I have provided may be used for the purposes stated above.

Signature
Name:

Date

SECTION 10 DECLARATION BY MAIN APPLICANT (MOTHER / SINGLE FATHER / GUARDIAN)

1. I hereby release, indemnify and hold harmless and no malice against the School, for any accident that may occur to my child while he/she is at the School.
2. Permission is hereby granted for my child to participate in any outings or excursions, as maybe conducted, in connection with activities of the School. 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 and no malice against the School for any or all damages, claims and other liabilities resulting from such outings.
4. I hereby release, indemnify and hold no malice against the School for any or all accidents, damages, claims and other liabilities resulting from our extra-curricular activities such as swimming, yoga, indoor gym, and physical programmes.
5. The cost of any such outings will be borne by me.
6. Permission is hereby granted to the School 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 (e.g. 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 and no malice against the School 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 or materials used to illustrate the activities and promotion of the School.
9. The details in this form are to the best of my knowledge true and correct and I will keep the School informed of any changes.
- 10. I understand that I need to give the School 1 calendar month of written notice (1st to 30th) for withdrawal, regardless of the circumstances, and I shall abide by the procedures and conditions as set out in the Parents' Handbook regarding enrollment and withdrawal.**
11. I declare that the information submitted, by me, to the School and the government authority are true and accurate and I undertake to inform the school of any changes.
- 12. I understand that fees are still payable due to school holidays/public holidays/summer holidays and school closure 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 School due to illness, holiday, etc.**
13. I understand that if I decide to cancel this enrollment, prior to commencement of class, the Registration Fee and the Deposit will be forfeited.
- 14. I have received and read the Rules and Regulations of the School as outlined in the Parents' Handbook and I agree to abide by the terms and conditions.**
15. The School 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 correct. I furnish, the information, knowing that I may be liable to prosecution if I have willfully 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.**

Name and Signature of Main Applicant

Date

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 discount : Yes No

Remarks _____

SIGNATURE

PRINT FULL NAME

Date

Confirm Enrolment	
Deposit	: _____
Top Up Fees	: _____
Miscellaneous	: _____
Total	: _____
Payment Mode	: _____
O/R	: _____