



Application for Admission

(To be completed with the MCYS Form 2)

Child's Particulars

Name (as in birth certificate) : _____

Birth Certificate/FIN/UIN No. : _____ Date of Birth: _____

1st language: _____ 2nd language: _____

Sibling's Particulars

No.	Name	Boy/Girl	Date of Birth	Present School
1.				
2.				
3				

Letter of Authorisation (if required) (other than parents)

I authorise the following person(s) to collect my child from the Pre-School. I also understand that I should inform the administrative office about any changes to this list prior to my child's pick-up time. A copy of the IC/FIN/Passport is enclosed for your reference.

Name of Authorised Personnel (1): _____

IC / FIN /Passport No: _____ Relationship to child: _____

Name of Authorised Personnel (2): _____

IC / FIN /Passport No: _____ Relationship to child: _____

Billing Information

Send invoice to: _____
 _____ Singapore _____

Health and Dietary Information

1. Does your child have any medical conditions that the school should be aware of? Yes/No

2. Does your child require any medication? Yes/No

3. Does your child have any allergies? Yes/No

4. Is your child diagnosed with any special needs? Yes/No

If you have answered "Yes" to any of the questions above, please give details and /or attach relevant reports

4. Name of Doctor: _____ Contact No: _____

5. Is your child a vegetarian? Yes/ No

Emergency Contact (other than parents) / Authorisation to seek emergency medical care

1. Name: _____ Relationship to child _____

Handphone: _____ Other contact no. _____

2. Name: _____ Relationship to child _____

Handphone: _____ Other contact no. _____

I hereby authorise the school to give or seek emergency medical care where necessary before notifying the parents or the above contacts.

Yes / No

Consent

- | | |
|--|---------|
| 1. Do you give consent to the school to use your child's photograph/video for the purpose of production of marketing materials for the school? | Yes/ No |
| 2. Do you give consent for possible use of samples of your child's work or of images of him/her engaged in class work or school activities or your child's portfolio, as materials for teacher training workshops and promotional materials? | Yes/ No |

MCYS Childcare / Hampton Parent's Handbook

I acknowledge receipt of the MCYS Childcare Guide book and Hampton Parent's Handbook. Yes / No

Declaration and Agreement

I agree that in the case of special educational needs, the school must assess carefully whether it can provide adequate support for my child before accepting my child's application. I understand that any failure to declare such information will result in the offer of a place being withdrawn or my child being asked to leave the school.

I understand that the payment of registration fee, student insurance and refundable deposit is compulsory for registration. The deposit shall be refunded in full after any amount due to the school, provided **written notice is served at least 8 term weeks** before the child is withdrawn. In the case of insufficient notice, 50% of the deposit shall be retained by the school. The school holiday period will not be counted as the notice period.

I understand that the school shall be entitled to increase the school fees from time to time. I am aware that any fee increase will be notified to me in writing and the increased fee shall be payable by me effective from the date stipulated in the notice.

I have read, understood and agree to the terms and conditions of Hampton Pre-School.

Name of Parent/Guardian

Signature / Date