

MODERN MONTESSORI INTERNATIONAL SCHOOL

ADMISSION FORM

You will need the following information to fill in this form:

- Child's Birth Certificate / Passport
- Mother's / Father's / Guardian's KTP / Passport
- Passport size photo of child and pick-up authorised person
- Family Card (Kartu Keluarga)
- Child's Immunisation & Health Records

Photo of Child

SECTION I – ENROLMENT DETAILS

Date of Admission: _____ / _____ / _____ (dd/mm/yyyy) Branch: _____

<input type="checkbox"/>	Baby & Mum Club (2x per week)	- 6 month – 1 yr.	<input type="checkbox"/>	Extended Kinder World	- 5 – 6 yrs.
<input type="checkbox"/>	Infant Cove (3 x per week)	- 1 – 2 yrs.	<input type="checkbox"/>	Lower Primary Zone	- 6 – 9 yrs.
<input type="checkbox"/>	Toddler Town	- 2 – 3 yrs.	<input type="checkbox"/>	Upper Primary Zone	- 9 – 12 yrs.
<input type="checkbox"/>	Nursery Land	- 3 – 5 yrs.	<input type="checkbox"/>	Others	
<input type="checkbox"/>	Kinder World	- 5 – 6 yrs.			

SECTION II – CHILD PARTICULARS

Child's Full Name	_____		
Date of Birth	_____	Place of Birth	_____ Gender: Male / Female* (*circle)
Birth Cert. No.	_____	Race / Religion	_____
Address	_____ _____		
Previous School	_____ _____		

SECTION III – FATHER / MOTHER PARTICULARS

Father's Name	_____		
Date of Birth	_____	Place of Birth	_____
KTP / Passport No	_____	Race / Religion	_____
Marital Status	_____	Qualification	_____
Company's Name	_____		
Designation	_____	Mobile No.	_____
Email Address	_____		

Mother's Name	_____		
Date of Birth	_____	Place of Birth	_____
KTP / Passport No	_____	Race / Religion	_____
Marital Status	_____	Qualification	_____
Company's Name	_____		
Designation	_____	Mobile No.	_____
Email Address	_____		

SECTION IV – CHILD MEDICAL RECORD

Child's Medical Practitioner	_____		
Address & Contact No.	_____		
Record of Vaccination and Immunisation			
<input type="checkbox"/> BCG	<input type="checkbox"/> Polio	<input type="checkbox"/> HIB (Meningitis)	
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Measles	<input type="checkbox"/> Hepatitis A	
<input type="checkbox"/> Peritonitis	<input type="checkbox"/> Mumps	<input type="checkbox"/> Hepatitis B	
<input type="checkbox"/> Tetanus	<input type="checkbox"/> Rubella	<input type="checkbox"/> Typhoid	
<input type="checkbox"/> Chicken Pox			
Record of Infectious Diseases (if any)	_____		
Record of Allergies (food or any others)	_____		
Past Medical History	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Asthmatic Bronchi	

SECTION IV – PICK-UP AUTHORIZATION

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.

Name: _____	Name: _____
<div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;">Photo</div> Relationship to child: _____ Contact No.: _____ Address: _____ _____ _____	<div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;">Photo</div> Relationship to child: _____ Contact No.: _____ Address: _____ _____ _____
_____	_____
Name and Signature of Parent	Date

SECTION V – CONSENT FOR USAGE OF CHILD IMAGES

I, _____ of KTP/ Passport No. _____,

Parent of _____ Birth Cert. No. _____,

hereby * grant / do not grant MMI Preschool the permission of my child to be photographed / video during school hours and include my child's images to illustrate the activities and promotions of Modern Montessori International School. This includes advertisement, literature and MMI online platforms such as MMI's website, Facebook, Twitter, You Tube.

Name and Signature Date

SECTION VI – DECLARATION OF MAIN APPLICANT (FATHER / MOTHER)

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 outing or excursions are optional and hence arrangement will be made for children who do not participate.
3. I hereby release, indemnity and hold harmless against the centre for any or all damages, claims and other liabilities resulting from such outings.
4. I hereby release, indemnity 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 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 email address included in the mass-mailing 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 mailing 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 I need to give the Centre one (1) calendar month of written notice for withdrawal. I shall abide the procedures and conditions as set out in the Parents' Handbook regarding enrolment and withdrawal.
11. I understand that fees are still payable due to Public Holidays, School Holidays and closure (if any) and that there will be no compensation. I will also pay the school fees on time, and that required to continue the payment of the monthly school fees in full even if my child is away from the centre due to illness, holidays, etc. I understand that I will have to pay fees for the month of June and July in the beginning of June.
12. 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.
13. The Centre reserves the right to amend any clause stated herewith by giving one month notice in writing.

Name and Signature of Main Applicant Date

OFFICIAL USE ONLY		
(To be completed by Preschool Centre upon confirmation of Application and Registration)		
Full fees paid	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No
Date of Registration	_____ / _____ / _____ (dd/mm/yyyy)	
Date of Admission	_____ / _____ / _____ (dd/mm/yyyy)	
Age upon Admission	_____ / _____ (year/month)	
Programme Type Fee	_____	
Registration Form	IDR _____	OR No. _____
<u>Fees:</u>		
Enrollment Fee	IDR _____	
School Fee	IDR _____	
<u>Less:</u>		
Promotion / Discount	IDR _____	
Sub-total	IDR _____	
<u>Other Fees:</u>		
Uniform – 3 sets	IDR _____	
Enrichment Program	IDR _____	
TOTAL FEES PAID	IDR _____	OR No: _____ OR Date: _____
REMARKS		

SECTION VI – DECLARATION BY PRESCHOOL CENTRE

<p>I am aware that our Centre need to keep the children's / parent's records strictly confidential.</p> <p>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.</p>		
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none; text-align: center;"> _____ Name and Signature Of Childcare Authorised Personnel / Principal </td> <td style="width: 40%; border: none; text-align: center;"> _____ Date </td> </tr> </table>	_____ Name and Signature Of Childcare Authorised Personnel / Principal	_____ Date
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