

APPLICATION FORM



AFFIX

РНОТО

CHILD Reg No:



APPLICATION FOR ADMISSION

Admission Procedure:

- 1. Kindly complete the Admission Form in full, sign and personally submit it together with the full registration fees to the children's facility at No. 6, Jalan 1, Taman TAR Ampang 68000. Tel: 03-42 6666 92 / (+60)12 - 37 888 79
- 2. Please attach copies of the following documents with this form:
 - 2.1 Child's Birth Certificate
 - 2.2 Parent's/Guardian's IC or Passport;
 - 2.3 Four passport size color photographs of the child
 - 2.4 Full registration fees via cheque or online transfer
 - 2.5 Copy of parent's & child's digital Covid vaccination certificate
- 3. Cheques are to be made payable to "BRITISH MONTESSORI CHILD CARE CENTRE"
- 4. Online Payment to Affin Bank A/C: 100300159658

* CHILD'S PARTICULARS	
Full Name I/C or Passport No. Birth Cert No. Full Address	Inoculations
Contact No (Home) Dr's Name Clinic's Name Address Contact No. (Clinic)	Date of Birth Place of Birth Current Age Diet Date of Enrollment
Does your child have any medical conditions? Emergency Contact No. Other than Parent or Guardian CONTACT NO. EMAIL RELATIONSHIP	



PARENT / GUARDIAN INFORMATION

Please provide information of the persons who are paying the fees and responsible for the child:

Full Name					
I/C or Passport No.					
Work Address					
Contact No. (Office)				(Handphone)	
Email					
Occupation					Initial:
Relationship to the c	hild				Date:
Full Name					
I/C or Passport No.					
Work Address					
Contact No. (Office)				(Handphone)	
Email					
Occupation					
Relationship to the ch	ild				Initial: Date:
₩ FOR OFF	ICE USE	ONLY			
Application A	ccepted	☐ Full Application	☐ Conditiona	ıl Offer 🗌 Pay & Play	
Uniform		☐ Casual	☐ Cortillian	☐ Baby Spa One	esie 🗌 Bag
Size					
Transport		□ Car	□ Bus	□ Others:	





MINISTRY OF HEALTH & SOCIAL WELFARE DEPARTMENT

3/2	
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TILALITI RECORD	
NAME OF CHILD	AGE:
ADDRESS:	DATE OF BIRTH:
	PLACE OF BIRTH:
	WEIGHT AT BIRTH:
	LENGTH AT BIRTH :
	SINGLETON / TWIN :
	STATUS G6PD:
	ANY COMPLICATIONS AT BIRTH:
	ETHNIC : RELIGION :
FATHER'S NAME :	CONTACT NO:
ANWAR (PASSPORTNO	
MYKAD / PASSPORT NO:	CONTACTNO
MOTHER'S NAME :	CONTACT NO:
MYKAD / PASSPORT NO:	
EMERGENCY CONTACT (OTHER THAN PARENTS)	CONTACT NO:
NAME:	
RELATIONSHIP:	
ANY ALERGY:	
ANY CHRONIC ILLNESS :	
ANY MAJOR ACCIDENTS :	
DISABILITY (IF ANY):	
HISTORY OF ANY CONTAGIOUS ILLNESS:	
CHICKEN POX	
MEASLES	
RUBELLA	
WHOOPING COUGH (BATUK KOKOL)	
FLU (H1N1)	



****** SCHEDULE OF IMMUNISATION

AGE	VACCINATION	DATE	REMARKS (if any)
BIRTH	BCG		
	HEPATITIS B (Dos 1)		
1 MONTH	HEPATITIS B (Dos 2)		
2 MONTHS	DTAP / DT (Dos 1)		
	HIB (Dos 1)		
	IPV (Dos 1)		
3 MONTHS	DTAP / DT (Dos 2)		
	HIB (Dos 2)		
	IPV (Dos 2)		
5 MONTHS	DTAP / DT (Dos 3)		
	HIB (Dos 3)		
	IPV (Dos 3)		
6 MONTHS	HEPATITIS B (Dos 3)		
(SABAH)	MEASLES		
3 MONTHS (Sarawak)	JE (Dos 1)		
10 MONTHS (Sarawak)	JE (Dos 2)		
12 MONTHS	MMR (Dos 1)		
18 MONTHS	DTAP / DT (Booster)		
	HIB (Booster)		
	1PV (Booster)		
18 (Sarawak)	JE Dos (3)		
4 - 5 YEARS	JE Dos (4)		
7 YEARS	DTAP (Booster)		
	OPV / IPV (Booster)		
	MMR (Booster)		

Completed by:	Date:
Checked by:	Date:





SCHEDULE OF FEES

TWO MONTHS PLUS

- 1. ANNUAL REGISTRATION FEE (Non-refundable Due Every 12 Months)
 - 1.1 RM2,000.00
- 2. **MONTHLY FEES** (Non-refundable 12 Monthly Payments)

AMOUNT DURATION

2.1 RM1,000.00 7:30 AM - 12:30 PM 2.2 RM1,350.00 7:30 AM - 6:00 PM

3. PLEASE NOTE: THERE IS NO FEE DEPOSIT

4. PAYMENT DATES

- 4.1 All fees payable before the 1st day of the month of attendance.
- 4.2 Children of Parents or Guardians who have not paid the fees within 30 days after the due date may NOT be allowed to attend the centre until the full payment is made.

5. MODE OF PAYMENT

- 5.1 All fees paid are not refundable.
- 5.2 Fees are not transferable nor can be deferred unless permission is sought in writing and is granted by the Director.
- 5.3 For the issuance of the center's receipts for payments of fees made directly into the center's bank account, please furnish us with a copy of the transaction receipt.
- 5.4 Please make payments by cheque to "BRITISH MONTESSORI CHILD CARE CENTRE"

6. **ADDITIONAL FEES**

6.1 Onesies are priced at RM 85.00 each.

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SCHEDULE OF FEES

TWO YEAR PLUS

- **REGISTRATION FEE** (Non-refundable One Time Payment Per Child)
 - 1.1 RM1,000.00
- ANNUAL FEES (Non-refundable Due Every 12 Months) 2.
 - 2.1 RM3,000.00
- **MONTHLY FEES** (Non-refundable 12 Monthly Payments) 3.

AMOUNT DURATION

- 3.1 RM750.00
- 3.2 RM1,000.00
- 3.3 RM1,350.00

8:30 AM -12:30 PM 8:30 AM - 2:30 PM

7:30 AM - 6:00 PM (after school care program)

- **PLEASE NOTE:** THERE IS NO FEE DEPOSIT 4.
- **PAYMENT DATES** 5.
 - 5.1 All fees payable before the 1st day of the month.
 - 5.2 Children of Parents or Guardians who have not paid the fees within 30 days after the due date may NOT be allowed to attend the centre until the full payment is made.

MODE OF PAYMENT 6.

- 6.1 All fees paid are not refundable.
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- 6.3 For the issuance of the center's receipts for payments of fees made directly into the center's bank account, please furnish us with a copy of the transaction receipt.
- 6.4 Please make payments by cheque to "BRITISH MONTESSORI CHILD CARE CENTRE"

7. **ADDITIONAL FEES**

- 7.1 Casual unifroms are sold in set at RM 85.00 per set.
- 7.2 Cortillion uniform RM 200.00 per set.
- 7.3 Trips are between RM 75.00 RM 150.00 per person.
- 7.4 Sports day charges are between RM 50.00 RM 100.00 per person.
- 7.5 Concert charges are between RM 80.00 RM 200.00 per person.
- 7.6 Graduation fee is RM 100.00 per child.

DECLARATION BY THE PARENT/GUARDIAN								
I,	understood the above							
SIGNATURE OF PARENT /GUARDIAN	DATE							





ADMISSION AGREEMENT



1. DEFINITIONS

The following terms are used in this agreement:

- 1.1 "Date of Enrollment" means the first day on which the child officially starts to attend the facility on a full time placement.
- 1.2 "Program" 12 months from the date of enrollment, for which the child is enrolled, taking into account all holidays set by the centre.
- 1.3 "Annual Fee" means the sum of money paid by the Parent / Guardian every 12 months to reserve a place on a program conducted by the centre.
- 1.4 "Centre" means children's facility which is owned by British Montessori and located in Ampang.
- 1.5 "Child" means the person who attends/ participates in the program.
- 1.6 "Parent / Guardian" means person/s responsible for the child and the Payor of the fees to British Montessori for the program attended by the child.

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2. REGISTRATION & MONTHLY FEES

- 2.1 The Payor agrees to pay the full Registration fees (non-refundable) prior to the date of enrollment.
- 2.2 In the event that the Payor does not pay the full Registration and Annual fees prior to the date of enrollment. The centre reserves the right to cancel the child's placement and offer it to other applicants.
- 2.3 The Monthly fees (non-refundable) must be paid monthly before the 1st of every mont consecutively for 12 months. Failure to do so can result in the child forfeiting his or her placement.
- 2.4 The Annual fees (non-refundable) can be transferred on to the next available program upon receiving written notice from the Parent/Guardian. However all current monthly fees must be paid up to the date of said written notice.
- 2.5 The Parent/Guardian accepts that the centre has the right to refuse any enrollment. Decisions of this nature are at the discretion of the Director of British Montessori.
- 2.6 In the event of closure of the facility by legal means, no refunds shall be due.

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3. TERMINATION BY THE CENTRE

3.1 If a child, parent or guardian's conduct is deemed to be unsuitable, the Director of British Montessori reserves the right to expel them from the facility including expelling the child from attending the program. All current fees due at the time of the expulsion shall be paid in full.

Initial:	 		•				•					
Date:												



🗶 🛮 4. UNDERTAKING BY THE PARENT / GUARDIAN

- 4.1 The Parent/Guardian responsible for the child will endeavor to inform the centre immediately in writing of any circumstances which have a direct effect on the center's capacity to protect the mental, physical and emotional well-being of the child.
- 4.2 The Parent/Guardian will undertake to submit requests for the deferments in writing to the Director of British Montessori addressed to the facility in Ampang.
- 4.3 The Parent / Guardian undertakes to purchase the center's specified uniform and ensure daily wear by the child.
- 4.4 The Parent / Guardian shall ensure that their child does NOT bring toys and/or jewelry or any other item that may cause harm or injury when attending the centre.
- 4.5 In the event their child causes damage to or loss of equipment belonging to the centre, such loss or damage as beyond expected normal wear and tear. The Parent / Guardian will reimburse the centre the full cost of the equipment so damaged.
- 4.6 The Parent / Guardian understands that all extra-curricular activities, school trips, school concert and sports day are optional and should the centre undertake to conduct such activities they will be at extra cost.
- 4.7 The Parent / Guardian understand that the operation of the centre during the Malaysian school holidays is complimentary at the discretion of the Director and may be withdrawn at any time without notice.
- 4.8 The Parent / Guardian undertakes to insure their child for accident & illness at all times.
- 4.9 The Parent / Guardian understands that their child must be clean, fit and free from illness when entering the facility.
- 5.0 The Parent / Guardian agree to comply with any further instructions via circulars issued by the centre from time to time.
- 5.1 The Parent / Guardian undertakes to release the cenre from all liability for any untoward incident.
- 5.1 The centre promises to undertake all reasonable steps to ensure the suitability of all staff employed and entrusted with the care of all children attending the centre. However, the centre shall immediatelly terminate any employee found unsuitable.

DECLARATION BY THE PARENT/GUARDIAN								
I,, have read, understood and will abide by all terms and conditions set out here-forth in the Application Agreement.								
SIGNATURE OF PARENT /GUARDIAN	DATE							





rejected.

LETTER OF INTENT FOR YEAR

Child's Name:	Date of Birth/
Sex* M / F Parent's/Guardian's Name:	
Mailing Address:	
Email:	
Contact / House No	Mobile No
Child's present school if any:	
Name of sibling/s in this school if any:	
I,	I/C No
do hereby acknowledge that I have read the SCHI payment for my child at the centre operated by Britis	
Signed:	Date:
*Please note: Failure to sign all forms and acknowl	edgements may result in your application being