

REGISTRATION FORM

COURSE PARTICULARS

<p>Course Title Montessori Enrichment Program (M.E.P)</p> <p>Branch Location Kovan / Telok Kurau / Tampines Pasir Ris / Choa Chu Kang</p> <p>Pre-School Level Explorers / Challengers</p>	<p>Day : Saturday</p> <p>M.E.P Class /Time English Montessori / 9.00am to 10.30am <input type="checkbox"/> Arabic Montessori / 10.30am to 12.00pm <input type="checkbox"/></p>
--	--

STUDENT'S PARTICULARS

<p>Full Name _____</p> <p>Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>NRIC No : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Date of Birth : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Race : Malay / Chinese / Indian / Others</p> <p>Nationality : _____</p>	<p>Home Address _____ _____</p> <p>Postal Code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Contact Numbers</p> <p>Home : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Father's Mobile : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Mother's Mobile : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Office : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>In Case of Emergency, contact : _____</p>
---	--

<p>Date Joined : <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Transport : <input type="checkbox"/> _____ Transporter's Name</p>	<p style="text-align: center;">I agree and declare that all the particulars above are true.</p> <p style="text-align: center;">_____ Signature of Applicant Parent / Guardian</p> <p style="text-align: center;">_____ Date of Registration</p>
---	--

PARENTS' PARTICULARS

Mother's Full Name

NRIC No :

Date of Birth :

Race : Malay / Chinese / Indian / Others

Nationality : _____

Qualification : _____

Occupation : _____

Father's Full Name

NRIC No :

Date of Birth :

Race : Malay / Chinese / Indian / Others

Nationality : _____

Qualification : _____

Occupation : _____

PARENTS EMAIL ADDRESSES

Father's Email Address : _____

Mother's Email Address : _____

Other Email Address : _____

I agree and declare that all the particulars above are true.

**Signature of Applicant
Parent / Guardian**

Date of Registration