

Check the location: Neo Damansara
 Puchong Klang

CHILD INFORMATION

Please fill-out this form completely, and print clearly

Child's last name		Child's first name		Child's name as commonly addressed		<input type="checkbox"/> Boy
						<input type="checkbox"/> Girl
Child's date of birth	____/____/____ Day Month Year	Child's age as of the date of this application	____, ____ Years Months	Which of the following religious holidays do you observe? (For our school planning purposes)		
				<input type="checkbox"/> Buddhist	<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu
				<input type="checkbox"/> Moslem	<input type="checkbox"/> Other _____	

FAMILY INFORMATION

Family home address								
City		State		Post code		Family home telephone number _____		<input type="checkbox"/> Daytime
								<input type="checkbox"/> Evening
Father's name (or name of legal guardian)			Father's I/C #		Name of father's employer (or type of profession, if self-employed)			
Father's work telephone number _____			Father's email address (one that is regularly checked)					
Mother's name (or name of legal guardian)			Mother's I/C #		Name of mother's employer (or type of profession, if self-employed)			
Mother's work telephone number _____			Mother's email address (one that is regularly checked)					
Sibling's name				This sibling's date of birth		____/____/____ Day Month Year		<input type="checkbox"/> Boy
								<input type="checkbox"/> Girl
Sibling's name				This sibling's date of birth		____/____/____ Day Month Year		<input type="checkbox"/> Boy
								<input type="checkbox"/> Girl
Sibling's name				This sibling's date of birth		____/____/____ Day Month Year		<input type="checkbox"/> Boy
								<input type="checkbox"/> Girl
Emergency contact name (alternate) if either parent cannot be reached					Emergency contact telephone number _____			

BACKGROUND INFORMATION

What is your child's principal spoken language?			What (if any) other languages are spoken at home?		
Does your child have any specific allergies or food restrictions?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what allergies, or what kind of food restrictions?		
Does your child have any physical limitations?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what kind of physical limitations?		
How would you describe your child's birthing process?		<input type="checkbox"/> Normal <input type="checkbox"/> Difficult	<input type="checkbox"/> Premature <input type="checkbox"/> Caesarean	<input type="checkbox"/> Other:	
What previous school programs has your child attended? (If any, please indicate.)					

FOR OFFICE USE ONLY

Tuition fees received		<input type="checkbox"/> Term 1 <input type="checkbox"/> Term 3	Amount: RM	<input type="checkbox"/> Cash	Receipt number		Comments	
		<input type="checkbox"/> Term 2 <input type="checkbox"/> Term 4	Date rcv'd:	<input type="checkbox"/> Cheque				
				<input type="checkbox"/> Credit card				
Deposit fees received		Amount: RM	<input type="checkbox"/> Cash	Registration fees received		Amount: RM	<input type="checkbox"/> Cash	Receipt number
		Date rcv'd:	<input type="checkbox"/> Cheque			Date rcv'd:	<input type="checkbox"/> Cheque	
			<input type="checkbox"/> Credit card				<input type="checkbox"/> Credit card	
Welcome materials given		<input type="checkbox"/> Calendar <input type="checkbox"/> DVD <input type="checkbox"/> Bag	<input type="checkbox"/> T-shirt <input type="checkbox"/> Book <input type="checkbox"/> _____	Class assigned _____ Day Time		Classroom	Teacher in charge	

REFERENCE CHART TO HELP YOU SELECT A PROGRAM

Program	Characteristics of your child	
Sunshine	Newborn	<ul style="list-style-type: none"> • Dependent upon mother • Highly sensitive to emotional and physical environment • Developing outer senses • Brain developing quickly — absorbing all information • Preparing for mobility
	Infant	<ul style="list-style-type: none"> • Developing fine and gross motor skills — actively mobile! • Imitating sounds and actions • Beginning independence—curious about environment and eager to explore • Building communication skills
Rainbow		<ul style="list-style-type: none"> • Moving and communicating • Craving exploration and independence • Responds to instructions • Matching ability • Able to hold a pencil • Has limited ability to focus (up to 15 minutes) • Enjoys pretend play
Ladybug		<ul style="list-style-type: none"> • Speaks and understand well • Beginning counting • Beginning to read letters using basic phonic sounds • Draw shapes, pictures • Focus time up to 20 minutes • Sequencing/classifying
Bumblebee		<ul style="list-style-type: none"> • Read letters (and words) • Understands basic math concepts (add/subtract) • Organizes material mentally (match/sequence/classify) • Expresses imagination • Expresses independent ideas • Focus time up to 30 minutes

CURRENT FEES (FOR TERM 1, 2010)

Tuition fee (12 lessons)	Weekday sessions	RM 1080
	Weekend sessions	RM 1200
Registration fee (due when this application is submitted; non-refundable)		RM 300
Parent orientation	One parent RM 150	Two parents RM 200
Deposit (refundable)		RM 300

TERMS AND CONDITIONS

Registration fee. A non-refundable registration fee of RM 300 per student is due at the time that this registration form is submitted.

School term. One school term is 12 classes within three months.

Term tuition payment deadline. The full amount of tuition fees are due at least 21 days before the start of a new term. Late payments received after the deadline date will be charged a late fee of RM 50 per week.

Withdrawal notice. In the event you choose to withdraw your child from a program, we require one month's (30 days) notice **in writing** of your intent to withdraw. Verbal declaration is not valid notice. Tuition fees will be forfeited if you withdraw your child during the school term.

Public holidays. Classes are not conducted on gazetted public holidays. A replacement class will be announced. If you do not attend the class on the specified date and time, there will not be another make-up opportunity.

Updates. We reserve the right to amend and update our terms and conditions as we strive to improve our services and ability to serve you and your child.

I have read, understand and accept these terms and conditions.

✕ _____
Signature

Please print your name

Date

Program Schedule for Term 1 (January–March 2010)

Day / Time	Session 1 1000-1100	Session 2 1130-1230	Session 3 1330-1430	Session 4 1500-1600	Session 5 2000-2100	
Monday	Sunshine Rainbow	Sunshine Rainbow	Bumblebee	Rainbow Ladybug	—	
Tuesday	Sunshine Rainbow	Sunshine Rainbow	Bumblebee	Rainbow Ladybug	—	
Wednesday	Sunshine Rainbow	Sunshine Rainbow	Ladybug Bumblebee	Rainbow Sunshine	—	
Thursday	Sunshine Rainbow	Sunshine Rainbow	Ladybug Bumblebee	Sunshine Rainbow	—	
Friday	Sunshine Rainbow	Sunshine Rainbow	Ladybug Bumblebee	Rainbow Ladybug	—	
Day / Time	Session 1 0900-1000	Session 2 1045-1145	Session 3 1230-1330	Session 4 1445-1545	Session 5 1630-1730	Session 6 2000-2100
Saturday	Sunshine Ladybug	Rainbow Bumblebee	Sunshine Rainbow	Rainbow Ladybug	Ladybug Bumblebee	—
Sunday	Sunshine Ladybug	Rainbow Bumblebee	Sunshine Rainbow	Rainbow Ladybug	Ladybug Bumblebee	—

Please circle (or highlight in color) the name of the program on the day and during the time that you prefer.