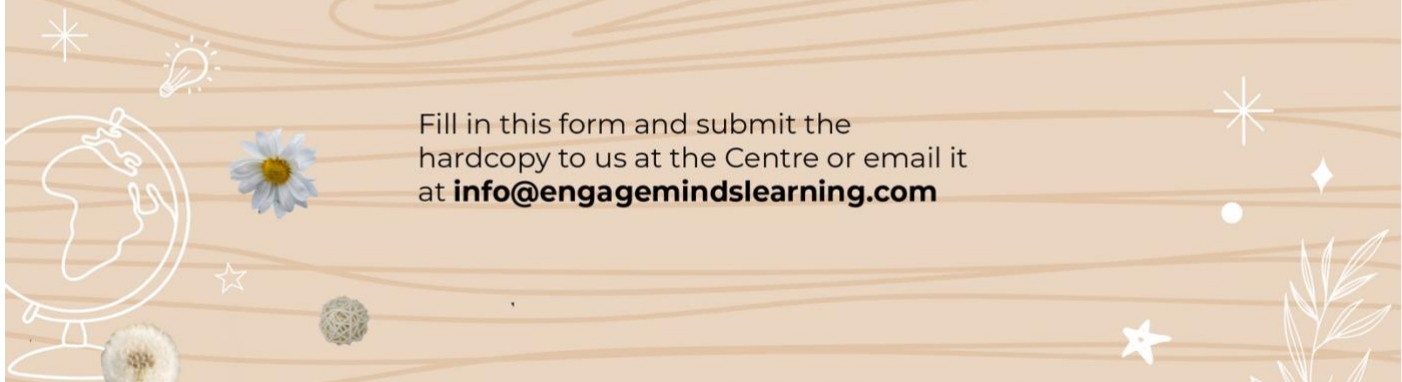




# EXTENDED PROGRAMME

## ENROLLMENT FORM

Fill in this form and submit the hardcopy to us at the Centre or email it at [info@engagemindslearning.com](mailto:info@engagemindslearning.com)



The Curiosity Approach™

Engage Minds Learning  
**ACCREDITED SETTING** 2020-23

[www.engagemindslearning.com](http://www.engagemindslearning.com)

# ENROLLMENT REGISTRATION INFORMATION

Pages 1 and 2 must be updated every 4 months.

<b>Parent Updates</b> _____ (Signature) (Date)
<b>Parent Updates</b> _____ (Signature) (Date)
<b>Parent Updates</b> _____ (Signature) (Date)

CHILD REGISTRATION NUMBER \_\_\_\_\_

Date of Registration: \_\_\_\_\_

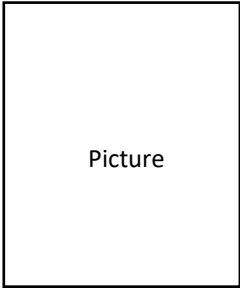
Date of Termination: \_\_\_\_\_

**Child to receive:**

Library card with no: \_\_\_\_\_

Bag \_\_\_\_\_

T-shirts (1) Size \_\_\_\_\_ and Colour \_\_\_\_\_



## CHILD INFORMATION

Name of Child (Last, First, Middle Initial): \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_ Parent/Guardian's Primary Language: \_\_\_\_\_

Home Email Address: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_

Parent/Guardian Marital Status: Single Married Divorced Widowed Primary Residence: Mother Father Both Guardian \_\_\_\_\_

List the family members your child lives with – include names and ages of siblings: \_\_\_\_\_

## PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Work Phone/Extension: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# MEDICAL INFORMATION

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Distinguishing Marks: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Medication that will be administered regularly at the school: \_\_\_\_\_  
\_\_\_\_\_
2. Special Dietary Needs: \_\_\_\_\_
3. Is your child able to walk:  Yes  No Explain: \_\_\_\_\_
4. Can your child effectively communicate his or her needs?  Yes  No Explain: \_\_\_\_\_
5. Is your child toilet trained?  Yes  No
6. Does your child have a diagnosis?  Yes  No (if yes, you must attach copies of all docs concerning a diagnosis)

Please provide special instructions concerning any other illnesses, as necessary: \_\_\_\_\_  
\_\_\_\_\_

Allergies (please check and list all that apply)

- Medications Reaction: \_\_\_\_\_
- Food Reaction: \_\_\_\_\_
- Other: \_\_\_\_\_ Reaction: \_\_\_\_\_

Are any of the allergies severe or life-threatening?  Yes  No If yes, please provide special instructions:  
\_\_\_\_\_  
\_\_\_\_\_

# AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIPS

This is only applied to TRANSITIONAL and COMPETENT.

The school may plan carefully-arranged, supervised special trips for the children away from the centre that do not require bus transportation. You will be notified in advance of all trips. These include children taking walks.

I give the school the permission to take my child on these field trips.

# REPORTS & CHILD UPDATES

All reports will be issued upon leaving a programme or by request from parents for medical screenings. To issue a report we will require a two weeks' notice.

Child progress updates will be provided regularly through Storypark or during parent meetings as scheduled.

Name of Child: \_\_\_\_\_  
\_\_\_\_\_



Date: \_\_\_\_\_  
\_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

## ENROLLMENT AGREEMENT

Parent/Guardian's Name: \_\_\_\_\_

Please initial each section listed below, then sign and date the last page.

### SECTION 1: TUITION AND FEES

\_\_\_\_\_**REFUNDABLE DEPOSIT FEE:** I understand that I must pay a **refundable** fee of **BND 200** to secure the place of my child. I understand that I may guarantee my child's enrollment for any intake by paying this fee no later than 4 weeks before the start of the programme.

\_\_\_\_\_**TUITION and MODIFICATION CONDITIONS:**  **BND370 (Emergent)/**  **BND380 (Transitional)/**  **BND420 (Competent)** per month is the current tuition rate for the programme I have chosen. I understand that rates are subject to change with reasonable notice as conditions require. Should the child require therapy (2 sessions weekly of 45 minutes each or shadow teacher, the fee is **BND 640** until modification condition apply (modification conditions refers to child not needing therapy or/and shadow teacher after which the fee will resume to the standard fee).

\_\_\_\_\_**STARTING DATE and FEES:** I understand that if my child begins before the 15<sup>th</sup> of the month, the fee for the month will be paid in full. If my child begins after the 15<sup>th</sup> of the month, the fee for the month would be paid in half.

I have enrolled my child in the following programme(s): \_\_\_\_\_  with /  without shadow

<input type="checkbox"/> <b>PRE-Emergent (M to TH am) BND 370</b>	<input type="checkbox"/> <b>Transitional (M to TH am) BND 380</b>
<input type="checkbox"/> <b>PRE-Emergent (M to TH pm) BND 370</b>	<input type="checkbox"/> <b>Transitional (M to TH pm) BND 380</b>
<input type="checkbox"/> <b>Emergent (M to TH am) BND 370</b>	<input type="checkbox"/> <b>Competent (M to TH am) BND 420</b>
<input type="checkbox"/> <b>Emergent (M to TH pm) BND 370</b>	<input type="checkbox"/> <b>Competent (M to TH pm) BND 420</b>

\_\_\_\_\_**PAYMENT OF TUITION:** I understand that tuition is due and payable before the 7th of each month. The tuition fees must be paid for school breaks if any.

\_\_\_\_\_**LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late payment fee of **BND30** per month that tuition is not received. All late fees are subject to change with reasonable notice. I understand that if my account is delinquent for more than one month, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

\_\_\_\_\_**NOTICE OF LEAVING:** I understand that I must provide a 4 (four) week notice in writing **PRIOR** to leaving the programme. I understand that with the notice given I must settle the school fees inclusive of the four weeks' notice even though my child may not attend the classes. I understand that the management may deduct the fees from the refundable deposit as a way to settle any pending /current fees which are for a complete month inclusive of the late fee payment if that is the case. The deposit will **NOT** be refunded should the notice be violated.

\_\_\_\_\_**UNFORESEEN CLOSURES:** The notice of leaving should still be respected in case of unforeseen closure due to events beyond our ability to control that do not affect operations entirely. No refund (including refundable deposit) will be provided should you choose to leave in times of unforeseen closure without respecting the notice.

\_\_\_\_\_**CHARGES AND PROCEDURE FOR LATE PICK-UP:** In the eventuality that the child is not picked up 10 minutes after class, a fee of BND3.00 will be charged and an additional BND1.00 for every 5 minutes thereafter.

\_\_\_\_\_**MATERIAL FEE:** I understand that a Material fee of BND 35 will be charged for resources that enhance child's learning with the school. I understand that the material fee will be charged in three installments. The termly invoice will show when the material fee is charged.

Name of Child:

2020



Date:

Parent/Guardian Initial \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

## SECTION 2: DAILY PROCEDURE

\_\_\_\_\_ **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school immediately. I understand that should my child be ill I can request replacement, but a medical certificate must be provided.

\_\_\_\_\_ **SNACKS:** I understand that the school is not providing snacks for my child. I am to send the child with a bottle of water and a healthy snack on any day the child attends the centre. I understand that the school may refill my child's water bottle. I also understand that I must send the child to the centre with a change of clothes and at least three (3) nappies.

\_\_\_\_\_ **MODEL RELEASE:** The company, its agents, affiliates, and licensees,  may  may not use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose.

\_\_\_\_\_ **PHOTOGRAPHS, VIDEOS AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

## SECTION 3: HOLIDAYS, ABSENCES AND CLOSINGS

\_\_\_\_\_ **HOLIDAYS:** I understand that the school is closed on public holidays. I agree that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

\_\_\_\_\_ **ABSENCES/VACATIONS:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds or make up days shall be made for occasional absences. My regularly contracted tuition is due for all weeks when my child attends any part of the week. I also understand that if I withdraw my child during a vacation, I will be required to pay the school fees in full.

\_\_\_\_\_ **EMERGENCY CLOSING AND SCHOOL ANNIVERSARIES:** I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding public holidays. I understand that the school may close one day for their anniversary and no replacement or fee deduction will be made.

**We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions for children with disabilities is available from the Principal.**

**These policies have been reviewed with me by school management. I understand and will comply with the policies included in the Enrollment Agreement. The policies in this contract will supersede all other previous documents.**

## SECTION 4: PAYMENT GATEWAYS

I understand I may use the following ways to make payments for tuition:

### 1. BANK TRANSFER :

<b>Baiduri Bank:</b> Account No: 05-00-110-421-011 Account Name: Engage Minds Learning (NO Sdn Bhd for Baiduri)	<b>BIBD Bank:</b> Account No: 00-001-01-0056830 Account Name: Engage Minds Learning Sdn Bhd
<b>PLEASE QUOTE YOUR CHILD'S REGISTRATION NUMBER IN THE TRANSACTION AT REMARKS AND SENT TO US PROOF OF PAYMENT</b>	

### 2. CARD PAYMENT AT THE CENTRE

### 3. CASH PAYMENT AT THE CENTRE

### 4. CHEQUE PAYMENT

\_\_\_\_\_ **RETURNED CHECKS:** I understand that a BND50 processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six month period, I will be required to pay by an alternate method of payment for the next six month period.

Name of Child:



Date:

2020

Parent/Guardian Initial \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

## **EMERGENCY CONTACT AND RELEASE PERSONS:**

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick-up or accompany the child for the purposes of medical treatment. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e. babysitter). For these persons, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide Government-issued photo identification at the time of pick-up. You may also be required to complete state-specific emergency release forms required by individual state child care licensing regulations.

### **Mandatory:**

Name #1: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_  
 Emergency Contact & Release    Release Only

Relationship to Child: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Gov Issue Photo ID Type: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Work Hours: \_\_\_\_\_

### **Optional:**

Name #2: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_  
 Emergency Contact & Release    Release Only

Relationship to Child: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Gov Issue Photo ID Type: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Work Hours: \_\_\_\_\_

### **Optional:**

Name #3: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Work Phone/Extension: \_\_\_\_\_  
 Emergency Contact & Release    Release Only

Relationship to Child: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Gov Issue Photo ID Type: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Work Hours: \_\_\_\_\_

If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

**Please initial each page then sign below and return to us. Thank you.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name of Child: \_\_\_\_\_  
\_\_\_\_\_  
2020



Date: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Initial \_\_\_\_\_