



LIL' ELITEHOUSE ENROLLMENT FORM

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FOR CENTRE USE ONLY

Date application received : _____

Date child is eligible for entrance : _____

Date of entrance : _____

Elite English Montessori : _____ (Kindly tick)

Zhi Xiang Mandarin Preschool : _____ (Kindly tick)

Lil' Baby Haus : _____ (Kindly tick)

SECTION 1 : YOUR INFORMATION

1.1 Parents / Guardian Information :

	Mother's Information	Father's Information
Name	_____	_____
IC. No.	_____	_____
Race/Religion	_____	_____
Nationality	_____	_____
Home Address	_____ _____ _____	_____ _____ _____
Telephone	Home No : _____ Mobile No: _____ Email : _____	Home No : _____ Mobile No: _____ Email : _____
Occupation	_____	_____
Workplace (Name and Location)	_____ _____ _____	_____ _____ _____
Workplace Telephone	_____	_____
Work hours	_____	_____
(Fill out only if applicable)		
If parents are separated, which parent has custody of child? _____		
Parents are : Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/>		

1.2 Emergency Contacts (other than parents or guardians) :-

	Primary	Secondary
Name	_____	_____
Nationality	_____	_____
Home Address	_____ _____ _____	_____ _____ _____
Telephone	Home No : _____ Mobile No: _____ Email : _____	Home No : _____ Mobile No: _____ Email : _____
Workplace (Name and Location)	_____	_____
Workplace Telephone	_____	_____
Work hours	_____	_____
Relationship to Child	_____	_____
Authorised to pick up if you cannot be reached?	<input type="checkbox"/> Yes (without my prior notice) <input type="checkbox"/> Yes (with my prior notice) <input type="checkbox"/> No	<input type="checkbox"/> Yes (without my prior notice) <input type="checkbox"/> Yes (with my prior notice) <input type="checkbox"/> No
Authorised to make medical decisions for your child if you cannot be reached?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2 : YOUR CHILD'S INFORMATION

2.1 General Information

Child's Name : _____ (Please indicate surname)

Sex : _____ Age : _____ Date of Birth (dd/mm/yy) : _____

Birth Certificate / Mykid / Passport No. : _____ (Important for insurance purpose)

Weight and Height at Birth : _____ Nationality : _____

Home Address : _____

Child's Name in Chinese Characters : _____

Does your child have a nickname? Yes No

If yes, please state: _____

2.2 Family

Names of brothers & sisters Date of Birth

1) _____

2) _____

3) _____

What are the languages spoken at home? _____

Does your child have pets? Yes No

If yes, please state: _____

2.3 Food

Describe your child's appetite : _____

What food does your child dislike : _____

What food does your child love : _____

Does your child feed him/herself? Yes No

Does your child have any food sensitivities? Yes No

If yes, please state: _____

Does your child have any food allergies? Yes No

If yes, please state: _____

What time does your child eat : Breakfast _____ Lunch _____ Supper _____

Is your child currently being Breast-fed Bottle-fed ?

If Breast-fed, please indicate feeding schedule _____

If Bottle-fed, please indicate the following :-

Formula Type : _____

Amount : _____ Times: _____

2.4 Self-care

Is your child still in diapers? Yes No Comments: _____

Has training begun? Yes No Comments: _____

Is your child trained? Yes No Comments: _____

Does your child need help? Yes No Comments: _____

Does your child need assistance with dressing? Yes No

If yes, please explain : _____

2.5 Sleep

How is your child's sleep routine (including naps and the length of naps) :-

What is your child's sleeping position / pattern ? (eg. face down, face up, side way etc):-

2.6 Social / Emotional Development

Does your child separate easily from you? Yes No

Please comment: _____

Is your child afraid of anything? Yes No

If yes, please comment: _____

Does your child have a favourite toy, blanket or soother? Yes No

If yes, please state: _____

Does your child spend time with other children? Yes No

Please comment: _____

What are your child's favourite activities?

How do you handle discipline in your home?

What characteristics in your child's development would you like to:

Encourage _____

Discourage _____

2.7 Health History

Are your Child's immunizations up to date? Yes No

If no, please explain: _____

Note : please attach a copy of immunization record

Are there any health problems we should be aware of?: Yes No

If yes, please explain : _____

2.8 Others

Checked some words that describe your child:-

- | | | | |
|------------------------------------|--------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Happy | <input type="checkbox"/> Assertive | <input type="checkbox"/> Friendly | <input type="checkbox"/> Moody |
| <input type="checkbox"/> Dependent | <input type="checkbox"/> Impulsive | <input type="checkbox"/> Attentive | <input type="checkbox"/> Stubborn |
| <input type="checkbox"/> Fearful | <input type="checkbox"/> Quiet | <input type="checkbox"/> Sleepy | <input type="checkbox"/> Good-Natured |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Independent | <input type="checkbox"/> Fearless | <input type="checkbox"/> Outgoing |
| <input type="checkbox"/> Talkative | <input type="checkbox"/> Emotional | <input type="checkbox"/> Others ; _____ | |

Please provide any other information relating to your child that would be helpful in understanding and caring for your child: _____

SECTION 3 : CONSENT FORMS

3.1 Consent to Medical Care, Treatment & Transportation

I/We hereby give permission to Lil' EliteHouse and its directors and staffs to call my/our Paediatrician or any Physician for medical advice should any situation arise. I/We also give permission to Lil' EliteHouse to discuss with my/our doctor or any Health Care Personnel, any situations or concerns she may have regarding the well being of my/our child. I/We hereby release Lil' EliteHouse and its directors and staffs from any liability in any situation regarding the health of my/our child, including, but not limited to any known or unknown allergies to prescription or over the counter medications.

I/We hereby give permission to Lil' EliteHouse and its directors and staffs to transport my/our Child to a medical facility or call for the services of an ambulance should any situation arise. It is understood that if time permitting, a conscientious effort to will be made to locate me/us before emergency action will be taken. It is also understand that if time permitting; a conscientious effort will be made to contact the paediatrician before seeking alternate medical care. I/We, release Lil' EliteHouse and its directors and staffs from any liability when choosing to seek alternate medical care.

I/We, hereby fully understand that any action taken by Lil' EliteHouse and its directors and staffs, is done so in the best interest of my/our child, and I/We accept all financial responsibility. I/We will not contest any cost from any authorized physician, surgeon, dentist, specialist, ambulance, clinic, or hospital, but not limited to the description of health care facilities or persons.

I/We, authorize Lil' EliteHouse and its directors and staffs to obtain any type of medical and/or dental care for my child, and I/We do hereby agree to be responsible for payment of all expenses associated with any medical/dental treatment.

Date / /
 D M Y

Parent/Guardian signature

Emergency Information

a Child's Physician : _____ Phone : _____

b Preferred Hospital : _____ Phone : _____

c Insurance Company: _____ Phone : _____

ID/Policy Number : _____

d Regular Medications (if any): _____ e. Blood Type : _____

f Medicine/ Any allergic to : _____

g Any special health conditions : _____

3.2 Permission for Photography

Pictures taken of your child(ren) may be used for purposes of publicity, such as in the newspaper, posters, or in picture presentations of the programs' activities. Pictures taken of children may also be used in classroom displays and on the Lil' EliteHouse Website, Blog and Facebook. If you have any objections, kindly inform us at the point of registration otherwise it shall be deemed consented.

SECTION 4 : OUR PROGRAMMES

Programme	Schedule	Select
Half Day (without lunch)	: 8:15am to 11:30am/11:45am/12pm	<input type="checkbox"/>
Half Day (with lunch)	: 8:15am to 12pm/12:15pm/12.30pm	<input type="checkbox"/>
Lil' Baby Haus Session 1	: 8:15am to 11.30a.m.	<input type="checkbox"/>
Lil' Baby Haus Session 2	: 8:15am to 5.45p.m	<input type="checkbox"/>

Programme	Fees
<ul style="list-style-type: none"> ▪ Registration Fee ▪ Insurance ▪ Deposit (Elite English Montessori & Lil' Baby Haus) ▪ Advance Fee (Zhi Xiang Mandarin Preschool) 	RM300 (one-off and non-refundable) RM30 (per annum) RM (Refundable Upon 60 days written notice to Lil' EliteHouse prior to the Child's last day) RM (Advance Fee for Mandarin Zhi Xiang which is NON Refundable)
<ul style="list-style-type: none"> • Enrichment Classes/ Day Care 	
<ul style="list-style-type: none"> ▪ Half Day 	<input type="checkbox"/> By Term (3 months)
TOTAL PAYABLE for PRESCHOOL	:

NOTE : KINDLY NOTE THAT ALL FEES PAID ARE NON-REFUNDABLE

In signing below, I/We hereby certify that all of the information given on this form is correct and accurate. I/We promise that I/We will notify Lil' EliteHouse, if any or all information changes.

I/We hereby also acknowledge, understand, accept and abide to the withdrawal terms and conditions set forth by the school. The deposit is only refunded to me/ us upon giving the school 60 days of written notice which is two months prior to my child's intended last day. If written notice is given less than 60 days, the said deposit of RM500 will be forfeited. Any other fees will not be refunded.

I/We also agree that this is a legally binding form, and providing false information could be grounds for termination of childcare services, forfeiture of retainer, or both.

Date / /
 D M Y

 Parent/Guardian signature

SECTION 5 : OUR CONTACTS

Contact Name	Contact Details
1. Lynette Tan (Elite English Montessori)	Tel: + 6012 335 9373 Email:
2. Mee Lin (Zhi Xiang Mandarin)	Tel: +6012 334 2660 Email:
3. Audrey Kua (Mathlink)	Tel: + 6012 223 2790 Email:

All information provided to us will be kept strictly confidential. If you have any question or would like any additional information, please feel free to contact us.