



山打根浸信教会幼儿园  
SANDAKAN BAPTIST CHURCH KINDERGARTEN  
TADIKA GEREJA BAPTIS SANDAKAN

## Information & Guide to New Student Application

*Dear Parents / Guardians,*

Thank you for selecting our Kindergarten. Kindly read through this information before you apply.

**A. Please be informed that the Kindergarten Management has been entrusted the responsibility to select from the applicants received.**

### B. CONSENT TO OUR KINDERGARTEN PROGRAMS

Your (Parents' Consent) signature on the registration form would mean that you understand and consent to our unique programs as listed below:

- i. **Visitation:** Teachers will visit your family / home to report on your child's progress and welfare. (Prior arrangement will be made.) Our school stresses on the importance of parent-teacher relationship and communication to enhance joint effort in the early childhood education development.
- ii. **Christian education** is a part of our school curriculum, which covers Bible stories, morals, teaching, songs and prayers.
- iii. Although it's optional, parents are highly encouraged to attend the annual **Parenting Workshop**, which is designed for your parenthood and family life enrichment.

### C. NEW STUDENT APPLICATION PREREQUISITE

- i. Be sure your child is three (3) years old by December 31st this year. While there is no official obligation from the parents, the school would give preferences to those who intend to put their child through the complete 3-years program.
- ii. A fee of **RM1** is charged for each set of the application, which includes this sheet and a copy of the application form.
- iii. Ensure the following enclosure in an envelope.
  - Complete all the details in the application form.
  - Enclose two (2) passport size photos of the child.
  - A certified true copy of the child's birth cert. – certified by Jabatan Pendaftaran Negara (JPN).
  - A certified true copy of the child's Mykid. – certified by Jabatan Pendaftaran Negara (JPN)
  - A certified true copy of the parents' IC – certified by Jabatan Pendaftaran Negara (JPN)

iv. Please hand in your child's application form to the SBC Kindy Office by **31<sup>th</sup> March 2020 (Tue)** before 12:00pm (Date-line). The management shall not consider applications which are delayed by post.

v. **The successful applicants will be notified by phone & letter in April 2020.** All applicants, kindly ensure you give the contact telephone in the form for this purpose.

vi. Successful applicants are expected to **confirm** their registration on **4<sup>th</sup> July 2020 (Sun)** during the **Orientation for Parents** which will be held at the Kindergarten on the same day. Parents themselves **must come** for the orientation, if not your seat will be given to someone else. During the registration, all successful applicants are also required to pay the **registration fee of RM210**. For those successful applicants who enrol for our Afternoon **Enrichment Class** please pay an additional **November Advance fee of RM240**.

Please note that the vacancies for successful applicants will be allocated to other children on the waiting list if the said applicants have not registered within the stipulated dateline.

vii. The following must be **complied** before school started:

- Your child must be **potty trained**
- Your child should be **weaned** from **pacifier** (Otherwise it would slow down speech development & academic achievement)

Thank you for your understanding and cooperation.

**SBC Kindergarten Management**

**2020**



Chinese Name (if any):

Child's Name: \_\_\_\_\_

2 photos

**A. CHILD'S INFORMATION**

Language spoken:  
 English  
 BM  
 Mandarin

Dialect spoken:  
 Cantonese  
 Hakka  
 \_\_\_\_\_

No.	Ages
No. of brothers:	/ / /
No. of sisters:	/ / /

Been to nursery / kindergarten?  Yes  No  
 If yes, where? \_\_\_\_\_

Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sex: Male / Female  
(DD) (MM) (YYYY)

Birth Cert No: SB \_\_\_\_\_  
 MYkid No: \_\_\_\_\_

Residential address (House No, Blk, Jln, Tmn): \_\_\_\_\_  
 \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_

Who takes care of child after school? State relation.  
 \_\_\_\_\_ (Name) \_\_\_\_\_ (Relationship) / \_\_\_\_\_ (Name) \_\_\_\_\_ (Relationship)

Brother / sister who studied or is currently studying in SBC Kindy: \_\_\_\_\_ Year left / enter : \_\_\_\_\_

**B. HEALTH INFORMATION**

Child: Any health / allergy problem?  Yes  No  
 If yes, please state: \_\_\_\_\_

**C. IN CASE OF EMERGENCY**

When parents couldn't be contacted, please contact:  
 \_\_\_\_\_ (Name) \_\_\_\_\_ (Relationship)  
 Tel: \_\_\_\_\_  
 Sent to Duchess of Kent Hospital  
 Others \_\_\_\_\_

**E. OTHERS**

Contact no. for registration: \_\_\_\_\_  
 Duration of education in SBC Kindy for your child:  
 Yr 1 - 3       Yr 1 only  
 Yr 1 & 2 only       Yr 2 & 3 only  
 Applying  Morning Session  
 Afternoon Session (Co-curriculum)

**F. PARENTS CONSENT / SIGNATURE**

I have read the Information & Guide to Registration.  
 I hereby consent to the kindergarten programs as stated.  
 \_\_\_\_\_ (Date)      \_\_\_\_\_ (Signature)

**D. PARENT'S INFORMATION**

**Father's name:** \_\_\_\_\_  
 I/C No: \_\_\_\_\_ Race: \_\_\_\_\_  
 Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_  
 If *Christian*, which church: \_\_\_\_\_  
 H/P No: \_\_\_\_\_ Email: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Off. Tel: \_\_\_\_\_  
 Name of Employer / Company: \_\_\_\_\_  
 Company Address: \_\_\_\_\_

**Mother's name:** \_\_\_\_\_  
 I/C No: \_\_\_\_\_ Race: \_\_\_\_\_  
 Nationality: \_\_\_\_\_ Religion: \_\_\_\_\_  
 If *Christian*, which church: \_\_\_\_\_  
 H/P No: \_\_\_\_\_ Email: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Off. Tel: \_\_\_\_\_  
 Name of Employer / Company: \_\_\_\_\_  
 Company Address: \_\_\_\_\_

For Office Use Only

Registered by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Receipt No. (Morning): \_\_\_\_\_ Receipt No. (Afternoon): \_\_\_\_\_  
 Remarks: \_\_\_\_\_