



REGISTRATION FORM

FOR OFFICIAL USE ONLY			
Date of Registration:	*IF / TT / N1 / N2 / K1 / K2 / CC	Is child a sibling of existing student?	Date of commencement :
Student's ID No:	*AM / PM / FD	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Documents Verified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Centre :	Name of existing student :	
	Session :	
	Class :	Level :	

INFORMATION FOR PARENTS / LEGAL GUARDIAN
All requested information must be furnished in full. Both original and duplicate copies of the documents indicated in the appendix must be submitted to the school.

✓ Tick wherever appropriate

PART I : CHILD PARTICULARS		
Please affix recent photo here 4x6 cm	Name (as in birth certificate) Nick name :	Birth Certificate / Passport (for foreigner) No.
	Place of birth :	Nationality <input type="checkbox"/> Indonesian <input type="checkbox"/> Foreigner (please specify) :
	Date of Birth (DD/MM/YY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/>	
	Religion : <input type="checkbox"/> Buddhist <input type="checkbox"/> Catholic <input type="checkbox"/> Christian <input type="checkbox"/> Hinduism <input type="checkbox"/> Islam <input type="checkbox"/> Other :	
Home Address :		
Mailing Address : (if different from home address)		
Home Tel. No.		
Birth Order :	No. of Siblings :	
Last School attended, if any :		
Name :	Last Level :	

Child Living with : Parents Father Mother Grandfather Grandmother Sibling (Brother/Sister)
 Caregiver Legal Guardian

Contact Person : Parents Father Mother Grandfather Grandmother Sibling (Brother/Sister)
 Caregiver Legal Guardian

Language spoken at Home :

English Bahasa
 Mandarin Others (please specify) :

PART II : SIBLINGS PARTICULARS (IF APPLICABLE)						
NO	Name	Birth Certification / NIK No:	Date of Birth (DD/MM/YY)	Birth Order	Gender M/F	Citizenship
1						
2						
3						

PART III : PARTICULARS OF PARENTS

DETAILS	MOTHER	FATHER
Name (as in KTP /passport for foreigner)		
KTP/ Passport (for foreigner) No.		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated
Date of Birth (DD/MM/YY)		
Citizenship	<input type="checkbox"/> Indonesian <input type="checkbox"/> Foreigner (please specify) :	<input type="checkbox"/> Indonesian <input type="checkbox"/> Foreigner (please specify) :
Home Address : (if different from child)		
Contact No.	Office No :	Office No :
	Mobile No :	Mobile No :
Email address		
Occupation		
Name of Company		
Highest qualification level	<input type="checkbox"/> Diploma <input type="checkbox"/> Post graduate <input type="checkbox"/> Degree <input type="checkbox"/> Others	<input type="checkbox"/> Diploma <input type="checkbox"/> Post graduate <input type="checkbox"/> Degree <input type="checkbox"/> Others

**PART IV : MEDICAL INFORMATION OF CHILD
(PLEASE ENCLOSE A COPY OF RECORD WHERE APPLICABLE)**

Immunisation Records

(Please include a copy of child's immunisation records)

Child has completed vaccination against :

- Diphtheria (within 12 months after birth)
 Measles, mumps, rubella (MMR) (between one year and two tears of age)

Additional Information / Special Needs :

Development support Programme (DSP) : No Yes

Special Education Needs (SEN) No Yes

1. Is your child presenting any of these issues?

- Speech & Language
 Social Emotional
 Behavioral/Self-Control
 Learning (Academic)
 Motor Skills
 Multiple Issues

2. Has your child been diagnosed with any of the following condition?

- ASD
 ADHD
 Behavior Problem
 Cognitive Delay
 Cerebral Palsy
 Global Developmental Delay
 Down Syndrome
 Learning Difficulties
 Speech Delay
 Others (please specify)

History of Contracted Disease: No Yes

If yes, please tick accordingly:

- Chicken Pox
 Hepatitis
 Measles
 Mumps
 Tuberculosis
 Hand Footh & Mouth
 Others (specify) :

Date of onset :
 Date of onset :
 Date of onset :
 Date of onset :
 Date of onset :
 Date of onset :

Special Instruction (Specify, if any)

History of Chronic illness : No Yes

If yes, please tick accordingly :

- | | | |
|---|---|--|
| <input type="checkbox"/> Asthmatic Bronchitis | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Persistent Constipation |
| <input type="checkbox"/> Congenital Heart Disease | <input type="checkbox"/> Frequent Nosebleeds | <input type="checkbox"/> Persistent Diarrhea |
| <input type="checkbox"/> Ear Aches / Infections | <input type="checkbox"/> Frequent Skin Rashes | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Epileptic Fits | <input type="checkbox"/> Frequent Sore Throats | <input type="checkbox"/> Stomach pain |
| <input type="checkbox"/> Urinary Tract Infections | <input type="checkbox"/> Frequent High Fever | <input type="checkbox"/> Vomits Easily |
| <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Others (specify) : | |

Does your child have the following :

- Food Allergy No Yes
 Drug Allergy No Yes
 Glucose-6-phosphate dehydrogenase (G6PD) Deficiency No Yes

If yes for any of the above, is it life threatening? No Yes

Special Instruction (if yes for the above, please specify) :

PART V : AUTHORIZED PERSON(S) TO FETCH CHILD

please enclose a copy of KTP/passport (for foreigner) for identification

<p>Please affix recent photo here</p> <p>4x6 cm</p>	<p>Name (as in KTP/passport for foreigner) :</p> <p>.....</p> <p>KTP/Passport (for foreigner) No.</p> <p>.....</p> <p>Mobile Number :</p> <p>.....</p> <p>Relationship to child :</p> <p>.....</p>	<p>Please affix recent photo here</p> <p>4x6 cm</p>	<p>Name (as in KTP/passport for foreigner) :</p> <p>.....</p> <p>KTP/Passport (for foreigner) No.</p> <p>.....</p> <p>Mobile Number :</p> <p>.....</p> <p>Relationship to child :</p> <p>.....</p>
<p>Please affix recent photo here</p> <p>4x6 cm</p>	<p>Name (as in KTP/passport for foreigner) :</p> <p>.....</p> <p>KTP/Passport (for foreigner) No.</p> <p>.....</p> <p>Mobile Number :</p> <p>.....</p> <p>Relationship to child :</p> <p>.....</p>	<p>Please affix recent photo here</p> <p>4x6 cm</p>	<p>Name (as in KTP/passport for foreigner) :</p> <p>.....</p> <p>KTP/Passport (for foreigner) No.</p> <p>.....</p> <p>Mobile Number :</p> <p>.....</p> <p>Relationship to child :</p> <p>.....</p>

*If there is any change in this authorization, I shall notify the school in writing.

PART VI : IN CASE OF EMERGENCY, PLEASE CONTACT

Name	Contact No.	Relationship to Child

PART VII : REQUIREMENTS

1. Copy of Child's birth certificate
2. Copy of Child's passport / dependant's pass (for foreigners)
3. Copy of Parent's identity cards (KTP/Passport for foreigners)

PART VIII : ACKNOWLEDGEMENT & AGREEMENT TO TERMS AND CONDITIONS

Please read carefully the Terms and Conditions and indicate your acknowledgement and agreement by signing on the form

WELCOME PACKAGE

I have received a copy of the welcome package booklet. I understand that it is my responsibility to be familiar and comply with the policies and procedures described in this registration form and welcome package handbook. I further understand that these may be subject to changes deemed necessary by ISMILE. For this changes which require my attention, ISMILE will inform parents accordingly.

Declaration of my Child's/Ward's Condition

I agree to inform ISMILE if my child/ward is diagnosed with, or waiting for diagnosis of special needs and/or any medical condition. If my child/ward is observed to present developmental or learning concerns, I understand that I will be informed and requested to actively collaborate with ISMILE to seek support, assessment and intervention for my child/ward. ISMILE reserves the right to discontinue the preschool programme for your child/ward if ISMILE deems that it is unable to meet his/her needs or when parents persistently fail to actively collaborate with ISMILE.

Excursion / Field Trip

I will be duly informed of any excursion/field trip in advance to the event whereby the consent form will be issued to me and i understand that excursions/field trip are optional. I must complete and return such forms to the teacher-in-charge to affirm my consent in writing. Any cost injured for the activity shall be borne by me. in the absence of my written consent, ISMILE may presume that i have NOT given consent for my child/ward to participate in the activity.

Accident/Injury and Medical aid

ISMILE will take all possible precautions to ensure the safety and well-being of the children in its care. In the event of any incident and/or injury to my child/ward, I understand that ISMILE will not be held liable in circumstances which are beyond its control. If my child/ward is injured, ISMILE staff members will administer first aid. If my child/ward requires immediate medical attention, he/she will be brought to the nearest clinic/hospital for further treatment and I will be duly informed of such incident. I will also bear in the first instance all medical expenses incurred for my child/ward.

Media Consent

I give consent for my child/ward to be photographed for the purpose of observation, recording, documentation, etc. as per ISMILE needs. Such photographs/picture may also be used for publicity material such as newsletters, exhibitions, posters, flyers, social media, website, etc.

Withdrawal / Transfer Notice

In the event that I wish to withdraw/transfer my child/ward, I understand that I am required to give a minimum one month written notice to ISMILE. There will be no refund of partial or full payment of fees within the withdrawal notice period. I further understand that the notice of withdrawal must be submitted to the center no later than the first day of the calendar month (for kindergarten, the notice must be during the school term, i.e. excluding school holidays)

Privacy Policy

ISMILE is committed to safeguard the personal data of all our customers in accordance with the Personal Data Protection Act (PDPA). ISMILE will be collecting personal data of parents or guardians and students when they register to enroll in our preschools ; and our authorized personnel will be able to access the information you provide to us. Please be assured that all personal data held by ISMILE will be kept confidential. We will make use of the information you provide for purposes which they are originally intended for ; e.g. to inform you of forthcoming ISMILE events and programmes and for administration of student registration. We may also provide the information collected to the following parties : (i) any person or company who is acting for or on behalf of ISMILE in respect of the purpose or directly related purpose for which the data is provided (ii) any person or persons that have a right under Indonesian law to gain access to such information provided they are able to prove their authority to access such information. Unless required or permitted to do so by law, we will not otherwise share, sell or distribute any of the information you provide to us without your consent. ISMILE will also review our policies, procedures and processes from time to time. This is to ensure that we properly manage, protect and process your personal data. However, ISMILE reserves the right, at any time, to modify, alter, or update the terms and conditions of the Privacy Policy without prior notice. The modifications we make shall become effective immediately when they are posted privacy on ISMILE website and portals.

Admission for any academic year is calculated based on 1 January of the year of admission.

INFANT	month that child turns 6 months old
TODDLER	month that child turns 16 months old
NURSERY 1	year that child turns 2
NURSERY 2	year that child turns 3
KINDERGARTEN 1	year that child turns 4
KINDERGARTEN 2	year that child turns 5

Registration Fees

There is an administrative charge for the registration for a new student or a student who has withdrawn and returning.

Fees are non-refundable and non-transferable under any circumstances.

Development Fees

Development fees cover the use of the school facilities and education materials, art materials, stationery, and equipment provided by the school in carrying out the curriculum.

Development fees apply for nursery and kindergarten classes and is payable at the beginning of each academic year.

Development fees for current or on-going academic year are non-refundable and non-transferable.

For new enrollment in the midst of an academic school year, development fees are prorated.

Tuition Fees

1. Fees are payable per academic term of ten weeks at four terms per year.
2. School fees payment for current students has to be settled 2 (two) weeks before new term.
Failure to do so will result in late payment fee of Rp50.000/day.
3. School fees will not be prorated if your child is absent from school for whatever the reason (illness, vacation) or force majeure - a natural or manmade calamity that results in temporary closure of the school for the safety and health of the children.
4. All fees are non-refundable and non-transferable.

Re - enrollment

If a student misses more than 1 term without formal notification to school, he/she will be subject to registration fees payment again.

The child may be re-enrolled for the current academic year subject to the availability of vacancies.

Term Break Leave Policies

Infant/Toddler students are permitted to take one term of leave per annum; please provide a prior letter of notification two weeks before the requested term break period.

Nursery 1 to Kindergarten 2 students are not allowed any term leave. Students who leave for a term are treated as new students.

Financial Policies

Sibling discount : every additional sibling in ISMILE, take a further 10% discount off on the lower tuition fees :

1st child - full tuition fee

2nd child - 10% discount on tuition fee

3rd child - 20% discount on tuition fee, etc.

The sibling discount cannot be combined with any other school promo or discount

All payments have to be transferred into school's official account or child's virtual account only. No cash accepted.

Fees for 2 field trip in an academic year, readers, Kindermusik and Key to Learning materials are included in our school fees.

Additional fees will be applied for additional field trip for project work, extended learning, major events such as: Christmas, carnival, uniforms, etc.

We will issue a receipt for all payments made to school, please make sure to get it from our finance staff after payments / purchases are made.

School Uniform

Uniforms may be purchased from our reception during office hours.

ISMILE provide two kinds of uniforms, i.e.: regular uniform and PE. Schedule of wearing each kind of uniform will be notified to parents on the first week of term 1.

Others

All administrative requirements such as : registration form, fees payment, student's data should be furnished to the school before child attends school.

Any specific regulations of policy will be informed by each centre's coordinator/teacher to all parents.

For the benefits of your children, our policies will be reviewed from time to time. We will inform and communicate with you if we make any adjustment to these policies.

We value our partnership. Please rest assured that during your children's learning with us, we will provide only the best possible environment to nurture and support their learning.

By signing this letter, I hereby declare that I have read, understand and accept ISMILE's policies as written.

PART IX : MISCELLANEOUS**How did you know about ISMILE/IShine/Alam atelier?**

Website Social Media Friend/Relative Others

INFORMATION FURNISHED/UPDATE ON CHANGES IN INFORMATION

I hereby duly declare that the particulars furnished in the application are complete and true to the best of my knowledge. I understand that any misinterpretation, omission or willful suppression of information will affect the admission of my child/ward at ISMILE. I further understand that ISMILE may reject this application or discontinue my child's/ward/s enrolment in the event any part of the application is improperly and/or inaccurately completed. I further undertake to inform ISMILE of any changes to the information provided in this application, at the earliest.

I have read and understood all the above-mentioned Terms and Conditions. By signing, I agree all terms and condition set out in this Agreement / Registration Form.

Signature & Name of Parent

Date

FOR OFFICE USE ONLY

Processed by :

Checked by :

Date :

Date :

Remarks :

Document No/Version

Version 1/19

Last Revision Date

22 May 2019