

Pro-Teach

Pro-Teach Education Group Pte Ltd

St Joseph's Institution Junior, No. 3 Essex Road, S309331

REGISTRATION
FORM

Student's Particulars

| | | |
|--|--|---------------------|
| Name: _____ | Birth Cert. No.: _____ | Age: _____ |
| Date of Birth: ____/____/____ (DD / MM / YY) | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Level : Primary _____ | Class: _____ | Form Teacher: _____ |
| Home Address: _____ | Postal Code: _____ | |
| Home Tel: _____ | Allergy: <input type="checkbox"/> No <input type="checkbox"/> Yes (Pls specify: _____) | |
| Meal Requirement: <input type="checkbox"/> Normal <input type="checkbox"/> Vegetarian, no egg <input type="checkbox"/> Vegetarian, with egg <input type="checkbox"/> Halal | | |

Student's Profile

| |
|--|
| Child's Discipline: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor |
| Child's Handwriting: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor |
| Remarks from Parent/ Guardian: _____ |

Student's Reporting Schedule

| | | | |
|-----------|-------------------------------------|--|---|
| Monday | <input type="checkbox"/> Not coming | <input type="checkbox"/> Normal School Dismissal | <input type="checkbox"/> Remedial/CCA (Time: _____) |
| Tuesday | <input type="checkbox"/> Not coming | <input type="checkbox"/> Normal School Dismissal | <input type="checkbox"/> Remedial/CCA (Time: _____) |
| Wednesday | <input type="checkbox"/> Not coming | <input type="checkbox"/> Normal School Dismissal | <input type="checkbox"/> Remedial/CCA (Time: _____) |
| Thursday | <input type="checkbox"/> Not coming | <input type="checkbox"/> Normal School Dismissal | <input type="checkbox"/> Remedial/CCA (Time: _____) |
| Friday | <input type="checkbox"/> Not coming | <input type="checkbox"/> Normal School Dismissal | <input type="checkbox"/> Remedial/CCA (Time: _____) |

Parent/ Guardian's Particulars

| | Father / Guardian | Mother / Guardian |
|--------------------------------------|-------------------|-------------------|
| Name | | |
| NRIC No. | | |
| Date of Birth | | |
| Nationality | | |
| Company | | |
| Job Title | | |
| Highest Qualification | | |
| Monthly Income | | |
| Contact No. | (Office) | (Office) |
| | (Mobile) | (Mobile) |
| Email Address (pls write clearly) | | |

Pick Up Reminder for Parents

I understand that Pro-Teach's daily programme ends at 5.30pm. The recommended time to fetch my child/ward is after 6:00pm. Should I have to pick my child up earlier, I understand that there is a minimum waiting time of 15 minutes for my child/ward to conclude their work, pack their bags and walk out to the designated dismissal point.

Parent's Signature: _____

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Our Terms and Conditions

I have read and agreed to the Terms and Conditions of Pro-Teach Education Group Pte Ltd.

1. I understand that Pro-Teach's daily programme ends at 6:00pm. The earliest time to fetch my child/ward is 6:00pm.
2. Monthly fee is payable even on missed lessons due to personal reasons, for example, sick leave, vacation, etc.
3. Pro-Teach is an independent SCC operator who does not receive any funding from the Government. Pro-Teach is **not** part of the MOE FAS scheme. In addition, as long as my child is registered with Pro-Teach, I agree to make payment for my child's student care fees monthly, regardless of my application status in the MSF SCFA scheme.
4. I understand that deposit is refundable to offset fees for the last month only if 1 month written termination notice is served on the 1st of any calendar month.
5. The Centre reserves the right to suspend and terminate their service to my child by giving 1 month written notice or refund of deposit.
6. Registration Fee and Deposit are non-transferrable and non-refundable in the form of cash.
7. Once deposit is offset, subject to availability, Registration Fee is payable should I decide to join Pro-Teach again.
8. I agree to the number of closure days Pro-Teach has stipulated in the Parents' Handbook. Lessons on School Official Closures & gazetted public holidays will not be replaced nor refunded in cash.
9. I agree to Pro-Teach's Personal Data Protection Policy as stipulated in the Parents' Handbook.
10. Pro-Teach reserves the right to make any changes or amendments.

Applicant's Name: _____

Applicant's Signature: _____ Date: _____

For Official Use only:

Course(s) applying for:

Student Care

Others *Pls specify:*

Date of Commencement:

_____ (DD/MM/YY)

Remarks

| | Paid \$ | Unpaid \$ |
|---------------------------|---------|-----------|
| Registration | | |
| Insurance | waived | |
| Deposit | | |
| Fee (month _____) | | |
| Holiday Surcharge | | |
| _____ piece(s) of Uniform | | |
| Excursion(s) | | |
| Others _____ | | |
| TOTAL | | |
| Receipt No. | | |
| Cheque No. _____ | | |
| | | |

Officer's Name: _____

Officer's Signature/Date: _____