

WAITLIST APPLICATION FORM

MOE KINDERGARTEN @ PUNGOL VIEW

This form will take about 5 minutes to complete.

Instructions to parents¹:

In order to place your child on the waitlist, he/she should have received at least one dose of measles and three doses of diphtheria (primary series) vaccinations. Parents are required to provide proof that such vaccinations were administered via official records downloaded from National Immunisation Registry (NIR) at the point of application.

Please attach a copy of the following documents with the application form.

If the child is a Singapore Citizen:

- a) The child's Birth Certificate
- b) The child's Singapore Citizenship Certificate for those who are not Singapore Citizens at the time of birth
- c) Singapore NRIC of both parents or Entry Permit/Re-entry Permits of parents if they do not possess Singapore NRIC

If the child is a Permanent Resident:

- a) The child's Birth Certificate
- b) The child's Entry/Re-entry Permit
- c) Singapore NRIC of both parents or Entry Permit/Re-entry Permits of parents if they do not possess Singapore NRIC

YEAR OF ADMISSION*: ☐ 2020
☐ 2021

KINDERGARTEN LEVEL*: ☐ K1
☐ K2

Part 1: Child's Particulars (As in Birth Certificate)

1. Child's Name:		2. Child's Singapore BC / UIN:	
3. Child's Citizenship*: <input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Permanent Resident		4. Date of Birth: ____ / ____ / 20____ <small>dd mm yyyy</small>	
5. Gender*: <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Mother Tongue Language to be taken in the Kindergarten*: <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Tamil		
7. Preferred Programme: (Tick [✓] ONE appropriate box):			
<input type="checkbox"/> <u>Full-day Service</u> MOE Kindergarten Programme + Kindergarten Care for the other half day <u>Note:</u> Your child will be allocated to either a morning or afternoon MOE Kindergarten session as the child will be with the MOE Kindergarten for the whole day.		<input type="checkbox"/> <u>MOE Kindergarten Programme only</u> (Tick [✓] ONE appropriate circle) <input type="radio"/> Either AM or PM Session <input type="radio"/> AM Session <input type="radio"/> PM Session	

Part 2: Parents' Particulars (As in the NRIC)

8. Father's Particulars: Name: _____ NRIC/FIN: _____ Contact Number: _____ Email: _____		9. Mother's Particulars: Name: _____ NRIC/FIN: _____ Contact Number: _____ Email: _____	
10. Parent's Address: _____ S(_____)			
11. Is your monthly Gross Household Income less than or equal to \$3,500 <u>or</u> monthly Per Capita Income less than or equal to \$875?*			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
12. If your child has medical needs or special educational needs, the responses in this section will help the MK better understand these needs, and the level of support your child requires. The MK will get in touch with you to follow-up. If your child has moderate-to-severe special educational needs, you should enroll your child at an Early Intervention Programme for Infants and Children (EIPIC) Centre. EIPIC Centres have dedicated care and specialised support that is not available in MOE Kindergartens.			

A. Please indicate if your child is attending or waiting to be enrolled at an EIPIIC Centre*:

☐ Yes (Attending / Waiting to be enrolled) (circle one)

☐ Not Applicable

If yes, please provide the name of the EIPIIC Centre your child is attending or awaiting enrolment.

B. Does your child have any special educational or medical needs (those that may require provision of additional support or equipment, e.g. mobility aids)?*

☐ Yes

☐ No

If yes, please provide details of the special educational or medical need(s), and set out any special precautions to be taken for your child / ward in the remarks below. Please submit a duplicate of medical / psycho-educational reports from doctors, psychologists or therapists, if any, when the MK gets in touch with you.

Details of medical or special educational needs: _____

Remarks (if any): _____

13. Is your child currently attending a pre-school centre or has he/she been allocated a place in one of the MOE Kindergartens before (if yes, please specify below)?*

☐ Yes (Name of centre your child is currently attending / Name of MOE Kindergarten that your child has been allocated a place before: _____)

☐ No

14. Reason(s) for choosing MOE Kindergarten @ Punggol View:

Part 4: Declaration (To be completed by Parent¹)

I declare that the information furnished in this form is correct and true, I understand that providing any false information is a criminal offence punishable under section 182 of the Penal Code (Cap. 224), and the punishment for such an offence is imprisonment for up to one year or a fine of up to \$5,000 or both imprisonment and fine. I accept that if I have furnished false information or intentionally omitted to furnish information, MOE reserves the right to require my child to give up the place allocated under the MK Registration Exercise even if my child has already started attending the kindergarten.

I acknowledge that MOE may collect, use, or disclose, to the extent permitted by law, personal data relating to my child from any other Singapore public agency, for the purposes of facilitating the provision of services for my child's educational advancement or other purposes beneficial to my child.

Name of Parent¹:

Signature:

Date:

Note:

* Please tick [✓] ONE appropriate box.

¹ If you are not the child's parent, please submit documentary proof that you have been duly authorised by the child's parent, or are otherwise authorised to fill in this form.

**The waitlist will be considered on a case-by-case basis, subject to available vacancies.
We will contact you directly, should a vacancy arise for your child.**