



BETHESDA AMK KINDERGARTEN

No. 601 Ang Mo Kio Ave 4 S569898
Phone: 6453 6134
Email: bethkindamk@gmail.com

REGISTRATION FORM

LEVEL (please tick):

- Playgroup (18 months - Year turning 2 years old)
- Nursery 1 (Year turning 3 years old)
- Nursery 2 (Year turning 4 years old)
- Kindergarten 1 (Year turning 5 years old)
- Kindergarten 2 (Year turning 6 years old)

SECTION A: CHILD'S INFORMATION

Name as in Birth Certificate (underline surname):		Name in Chinese characters (if any):	Gender (circle): Boy / Girl
Date of Birth:	Birth Cert No. / FIN:	Nationality:	Race:
Address:			

SECTION B: CHILD'S MEDICAL INFORMATION

Does your child have any food restrictions ?	YES / NO (If YES, please describe)
Does your child have any long-term medical conditions/allergies ?	YES / NO (If YES, please describe)
Does your child have any additional medical needs ?	YES / NO (If YES, please describe)
Emergency Contact Number:	
Relationship to Child:	

SECTION C: PARENTS'/GUARDIAN'S INFORMATION

	Father / Guardian	Mother
Name:		
NRIC / Passport No.:		
Nationality:		
Contact Number:		
Email Address:		
Occupation:		
Name of Present Employer:		
Religion:		
Church Attending (if applicable):		

SECTION D: DISMISSAL

<input type="checkbox"/> My child will take the school bus home <input type="checkbox"/> My child will be fetched after school by Relationship to child: Contact:
--

SECTION E: DECLARATION AND CONSENT

I understand that I have reserved a place for my child at Bethesda (Ang Mo Kio) Kindergarten once registration and deposit have been paid. In the event that I decide not to let my child commence school on the date agreed with Bethesda (Ang Mo Kio) Kindergarten, I accept that the fees paid for registration are NON-REFUNDABLE, and I will forfeit 50% of the deposit.

In the event that my child falls ill or is injured and requires immediate medical attention, I understand that the Kindergarten staff may, at their discretion, send my child to the nearest clinic or hospital for treatment. All medical expenses will be borne by me.

I understand that while every precaution will be taken to ensure the safety of my child, I will not hold Bethesda (Ang Mo Kio) Kindergarten Pte Ltd responsible for any losses incurred or injuries sustained during the Kindergarten programmes within or outside the school premises.

I give consent for photographs and videos of my child to be used by the Kindergarten for official purposes.

I understand that four (4) weeks' notice during the school term is required for withdrawal from the Kindergarten and that I will have to make payment for the notice period. I agree that refund of any fees paid will be subject to the Kindergarten's withdrawal policy.

I understand and agree to abide by all the rules and regulations set out in the Parent's Handbook (available on the Little Family Room app).

.....

Name of Father / Mother / Guardian Signature / Date

Mode of payment:

PayNow to UEN: 201024473E

Bank Transfer to OCBC 657-898-094001

CDA (Baby Bonus)

Cash

How did you know about Bethesda (Ang Mo Kio) Kindergarten?

- Friends/Relatives
- Website
- Facebook/Instagram/TikTok

<p>If referred, please provide details of referee</p> <p>Parent's/Child's Name:</p>
--

FOR OFFICE USE

Class Enrolled:	Year Enrolled:	Term Enrolled:
Date of Registration:	Date of Enrolment:	Date of Withdrawal:
Administrative Officer:		



ENROLMENT AND KINDERGARTEN FEE ASSISTANCE SCHEME (KIFAS) APPLICATION

This form is used for the purpose of:

- Submitting basic enrolment details (**applicable for all children**)
- Applying for KiFAS and Start-Up Grant (SUG) (**applicable for Singapore Citizen children only**); or
- Updating change in KiFAS applicant (**for existing enrolled Singapore citizen children**)

Part 1: Child Enrolment Details

Please complete Part 1 to provide the information on the child(ren).

Child 1										Please fill in this column if you are enrolling for more than one child											
Enrolment Date	D	D	/	M	M	/	Y	Y	Y	Y	D	D	/	M	M	/	Y	Y	Y	Y	
Name as in Birth Cert / Passport																					
Date of Birth	D	D	/	M	M	/	Y	Y	Y	Y	D	D	/	M	M	/	Y	Y	Y	Y	
Citizenship	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Foreigner										<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Foreigner										
Birth Cert / FIN / Passport No.																					
Gender	<input type="checkbox"/> Male					<input type="checkbox"/> Female					<input type="checkbox"/> Male					<input type="checkbox"/> Female					
Race	<input type="checkbox"/> Chinese					<input type="checkbox"/> Indian					<input type="checkbox"/> Chinese					<input type="checkbox"/> Indian					
	<input type="checkbox"/> Malay					<input type="checkbox"/> Others					<input type="checkbox"/> Malay					<input type="checkbox"/> Others					
The following section is to be completed by the centre/kindergarten																					
Centre Details	Kindergarten Name: _____ Kindergarten Code: _____																				
Programme Level	<input type="checkbox"/> N1					<input type="checkbox"/> K1					<input type="checkbox"/> N1					<input type="checkbox"/> K1					
	<input type="checkbox"/> N2					<input type="checkbox"/> K2					<input type="checkbox"/> N2					<input type="checkbox"/> K2					
Session	<input type="checkbox"/> Session 1 (AM)					<input type="checkbox"/> Session 2 (PM)					<input type="checkbox"/> Session 1 (AM)					<input type="checkbox"/> Session 2 (PM)					
Fee charged for Enrolment month	\$ _____ (less discount if applicable)										\$ _____ (less discount if applicable)										
Monthly Programme Fee	\$ _____ (less discount if applicable)										\$ _____ (less discount if applicable)										

Part 2: Applicant and Spouse DetailsPlease complete **Part 2** to provide the information on the applicant and spouse.

Applicant		Spouse
Relationship to Child	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Any Other Caregiver	<input type="checkbox"/> MSF Foster Parent <input type="checkbox"/> Head, Children Home
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced	<input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Name (as in NRIC / FIN / Passport)		
NRIC/ FIN / Passport No.		
Date of Birth	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y
Citizenship	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Permanent Resident (indicate start date of Permanent Residency): D D / M M / Y Y Y Y <input type="checkbox"/> Foreigner	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Permanent Resident (indicate start date of Permanent Residency): D D / M M / Y Y Y Y <input type="checkbox"/> Foreigner
Residential Address	Street and Building Name: _____ Block No.: _____ Floor No.: _____ Unit No.: _____ Postal Code: _____	
Contact Details	Mobile No.: _____ Email: _____	Mobile No.: _____ Email: _____

Part 3: Application for KiFAS (for Singapore Citizen child only)¹**Part 3A: Employment and Income Details of Applicant and Spouse**

Please complete **Part 3A** to provide the employment and income details of both applicant and spouse.

- For salaried employees, ECDA will retrieve your income data from the Central Provident Fund (CPF) Board and the Inland Revenue Authority of Singapore (IRAS). Salaried employees without CPF contributions / have started employment within the last 2 months of this application are required to submit the relevant supporting documents.
- For self-employed individuals, ECDA will retrieve your latest Annual Trade Income from IRAS. Individuals who did not file tax with IRAS in the latest assessment year² (i.e. do not have a Notice of Assessment (NOA) are to declare your average gross monthly income and submit the relevant supporting documents.)

Applicant	Spouse
<p>Please tick to select employment status and complete the details (if applicable):</p> <p><input type="checkbox"/> Working</p> <p><input type="checkbox"/> Salaried employee</p> <ul style="list-style-type: none"> Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date and gross monthly income: DD/MM/YYYY \$ _____ (Average Gross Monthly Income) Do you receive CPF contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No <p><input type="checkbox"/> Self-employed</p> <ul style="list-style-type: none"> Do you have NOA? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ (Average Gross Monthly Income) <p><input type="checkbox"/> Salaried employee and Self-employed</p> <ul style="list-style-type: none"> Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date and gross monthly income: DD/MM/YYYY \$ _____ (Average Gross Monthly Income) Do you receive CPF contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have NOA? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ (Average Gross Monthly Income) <p><input type="checkbox"/> Not Working</p>	<p>Please tick to select employment status and complete the details (if applicable):</p> <p><input type="checkbox"/> Working</p> <p><input type="checkbox"/> Salaried employee</p> <ul style="list-style-type: none"> Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date and gross monthly income: DD/MM/YYYY \$ _____ (Average Gross Monthly Income) Do you receive CPF contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No <p><input type="checkbox"/> Self-employed</p> <ul style="list-style-type: none"> Do you have NOA? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ (Average Gross Monthly Income) <p><input type="checkbox"/> Salaried employee and Self-employed</p> <ul style="list-style-type: none"> Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date and gross monthly income: DD/MM/YYYY \$ _____ (Average Gross Monthly Income) Do you receive CPF contributions? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have NOA? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ (Average Gross Monthly Income) <p><input type="checkbox"/> Not Working</p>

¹ Not applicable to MSF Foster Parent and Head of Children Home.

² Due to (i) commencement of trade/business within the last 12 months or (ii) not meeting the income threshold to file tax.

Part 3B: Special Approval (For Singapore Citizen child only)

- ECDA will qualify families under **HDB's Public Rental Scheme (PRS)** or receiving **MSF's ComCare Short-to-Medium-Term Assistance (SMTA) or Long-Term Assistance (LTA)** for maximum subsidies.
- Supporting documents are not required at the point of application.
- Children from low-income households may also wish to apply for the Start-Up Grant (Part 4).

Please tick to indicate if your family is currently under the following scheme(s):

- HDB's Public Rental Scheme
- MSF's ComCare Short-to-Medium-Term Assistance or Long-Term Assistance

Part 3C: Employment and Income Details of Family Members

If your household has 5 or more family members, with at least 3 dependants who are not earning an income, please also complete Part 3C to provide the details of your family members so that Per Capita Income (PCI) of your household can be computed.

- All family members in this Per Capita Income (PCI) application must:
 - be related by blood, marriage and/or legal adoption; and
 - have the same address stated in their NRIC as the applicant.
- For salaried employees, ECDA will retrieve your income data from the CPF Board and IRAS. Salaried employees without CPF contributions / have started employment within the last 2 months of this application are required to submit the relevant supporting documents.
- For self-employed individuals, ECDA will retrieve your latest Annual Trade Income from IRAS. Individuals who did not file tax with IRAS in the latest assessment year³ (i.e. do not have a Notice of Assessment (NOA) are to declare your average gross monthly income and submit the relevant supporting documents.

Do you have a household with 5 or more family members, including at least 3 dependants with no income?

- Yes – Please fill in the details of your family members below.
 No – Please skip this section.

Name	NRIC / BC / Fin No.	Date of Birth	Relationship to child	Working Status
				<input type="checkbox"/> Not working <input type="checkbox"/> Salaried employee Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date and gross monthly income: DD / MM / YYYY \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Self-employed \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Salaried employee and Self-employed \$ _____ (Average Gross Monthly Income)
				<input type="checkbox"/> Not working <input type="checkbox"/> Salaried employee Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date and gross monthly income: DD / MM / YYYY \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Self-employed \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Salaried employee and Self-employed \$ _____ (Average Gross Monthly Income)

³ Due to (i) commencement of trade/business within the last 12 months or (ii) not meeting the income threshold to file tax.

Name	NRIC / BC / Fin No.	Date of Birth	Relationship to child	Working Status
				<input type="checkbox"/> Not working <input type="checkbox"/> Salaried employee Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date and gross monthly income: DD/MM/YYYY \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Self-employed \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Salaried employee and Self-employed \$ _____ (Average Gross Monthly Income)
				<input type="checkbox"/> Not working <input type="checkbox"/> Salaried employee Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date and gross monthly income: DD/MM/YYYY \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Self-employed \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Salaried employee and Self-employed \$ _____ (Average Gross Monthly Income)
				<input type="checkbox"/> Not working <input type="checkbox"/> Salaried employee Did you start your employment within the last 2 months of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No *If Yes, please indicate commencement date and gross monthly income: DD/MM/YYYY \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Self-employed \$ _____ (Average Gross Monthly Income) <input type="checkbox"/> Salaried employee and Self-employed \$ _____ (Average Gross Monthly Income)

Part 4: Start-Up Grant (SUG) (for Singapore Citizen child only)⁴

- For families with gross household income (HHI) \$1900 and below, or gross Per Capita Income \$650 and below.
- Start-Up Grant (SUG) is a yearly grant provided to cover the initial costs of enrolling a child in a kindergarten, such as registration fee, deposit, school uniform, insurance, education material fee and supplementary fee. It will be capped at \$240 (inclusive of GST if the kindergarten is GST-registered).

Child 1	Child 2
<input type="checkbox"/> Start-Up Grant (SUG) – Not applicable if the child has benefitted from SUG this year.	<input type="checkbox"/> Start-Up Grant (SUG) – Not applicable if the child has benefitted from SUG this year.
<u>To be completed by the kindergarten⁵:</u>	<u>To be completed by the kindergarten:</u>
<ul style="list-style-type: none"> • Registration fee (one-off upon enrolment) \$ _____ • Deposit (equivalent to one month's fee to be withheld by MSF upon SUG approval) \$ _____ • School uniform/physical education attire (on a needs basis, capped at 3 days' requirement) \$ _____ • Insurance (one-off upon enrolment) \$ _____ • Education material fee \$ _____ • Supplementary fee \$ _____ 	<ul style="list-style-type: none"> • Registration fee (one-off upon enrolment) \$ _____ • Deposit (equivalent to one month's fee to be withheld by MSF upon SUG approval) \$ _____ • School uniform/physical education attire (on a needs basis, capped at 3 days' requirement) \$ _____ • Insurance (one-off upon enrolment) \$ _____ • Education material fee \$ _____ • Supplementary fee \$ _____
Total Amount = \$ _____	Total Amount = \$ _____

⁴ Not applicable to MSF Foster Parents.

⁵ All items are for use in the current school year upon enrolment in the kindergarten only.

Part 5: Consent and Declaration by Applicant / Spouse / Family Members

1. I/We understand that Government of Singapore as represented by the Ministry of Social and Family Development (“MSF”) and the Early Childhood Development Agency (“ECDA”) require my/our personal information and the personal information of my/our family members included in this application for the purpose of assessing and/or re-assessing my/our eligibility for the infant/child care subsidies, Kindergarten Fee Assistance Scheme (“KiFAS”), financial assistance for child care (“CCFA”), Start-Up Grant (“SUG”), KidSTART, and/or other relevant kindergarten, infant or childcare assistance or programmes provided by ECDA or its appointed agencies (“Pre-School Subsidies and/or Programmes”) at any point(s) in time during the period of this consent.
2. I/We hereby consent and agree to the following agencies disclosing to MSF and ECDA my/our personal information and the personal information of my/our family members included in this application, where applicable, to the extent permitted by law, strictly for the purpose specified in paragraph 1:
 - 2.1. The Comptroller of Income Tax disclosing my/our annual employment and/or trade income as assessed by the Inland Revenue Authority of Singapore within the last 2 assessment years;
 - 2.2. The Central Provident Fund (“CPF”) Board disclosing the CPF contributions submitted by my/our employer(s) for the period of 12 months preceding the date of request for information by MSF and ECDA, and any information that can be derived from those CPF contributions;
 - 2.3. The Immigration and Checkpoints Authority disclosing my/our personal information and the personal information of my/our children and family members included in this application form;
 - 2.4. The Registry of Marriages or the Registry of Muslim Marriages disclosing the information related to my/our marital status;
 - 2.5. The Singapore Prison Service disclosing information related to my/our period(s) of incarceration;
 - 2.6. The Ministry of Manpower disclosing information related to my/our work pass validity;
 - 2.7. The Housing & Development Board disclosing information related to my tenancy; and
 - 2.8. MSF disclosing information related to my Comcare Short-To-Medium-Term Assistance or Long-Term Assistance.
3. I/We understand that MSF and ECDA may, without further reference to me/us, collect, share and use my/our personal information and the personal information of my/our children included in this application, to the extent permitted by each of the agencies stated in paragraph 2, for analysis and evaluation to improve and/or make changes to the assistance or programmes specified in paragraph 1, and/or to create new social services or public assistance schemes.
4. I/We further consent for MSF and ECDA to share my/our information and the personal information of my/our children included in this application with ECDA’s appointed agencies for the application of any of the Pre-School Subsidies and/or Programmes, or for outreach and/or service delivery purposes if my/our children is assessed to be eligible for any of the Pre-School Subsidies and/or Programmes.
5. I/We consent and allow the early childhood development centre (the “ECDC”) indicated in this application to apply for any of the Pre-school Subsidies and/or Programmes on my/our behalf.
6. My/Our consent under paragraphs 2 to 4 shall remain valid until:
 - 6.1. One year after my/our child (or where applicable, last child) covered by this consent has withdrawn from the ECDC; or
 - 6.2. I/We withdraw it in writing, whichever is earlier.
7. I/We understand that my/our personal information may still be used for audit purposes for up to one year after my/our consent has expired or been withdrawn in paragraphs 6.1 or 6.2 (as applicable).
8. I/We consent to ECDA releasing my/our particulars included in this application to the Health Promotion Board (“HPB”) for the purpose of my/our children being screened under the health programmes of HPB. My/Our consent shall remain valid until my/our child covered by this consent has withdrawn from the ECDC or I/we withdraw it in writing.
9. I/We acknowledge that it could take up to 15 working days from the date of receipt by ECDA of the request, before any withdrawal of consent at paragraphs 6.2 and 8 takes effect. Consent can be withdrawn by sending an email request to Contact@ecda.gov.sg or by sending a written request to: 51, Cuppage Road, #08-01 Singapore 229469 (attention to: Subsidy Branch).
10. I/We understand that if I/we had opted to provide my/our signatures via electronic methods, the said electronic signatures would be legally valid and binding.
11. I/We declare that the information provided in this application by me/us is true and I/we furnish it knowing that I/we may be liable to prosecution if I/we have wilfully stated any information which I/we know to be false or misleading or do not believe to be true.
12. I/We understand that the onus is on me/ us to ensure that all information provided is true and accurate. In the event of any false or inaccurate information being submitted to ECDA or MSF, my/our application may be rejected or any prior approval may be withdrawn. In addition, I/we may be required to repay, in full or part, the subsidy and/or financial assistance provided to me/us by the Government.
13. I/We fully understand that the ECDA and MSF will assess our application according to their criteria and have the discretion to determine the amount of subsidy and/or assistance to be granted to me/us. I/ we are aware that if there are any payments made in mistake or error, I/we may be required to return any such payment to the Government.
14. I/We have read and understood this consent form fully. The terms of this consent shall be governed by and construed in accordance with the laws of the Republic of Singapore.

Applicant	
<p style="text-align: center;">_____ (Signature of applicant)</p> <p>Name: _____</p> <p>NRIC / FIN No.: _____</p> <p>Date of consent: DD / MM / YYYY</p>	<p><u>Consent from parent / guardian:</u></p> <p>If the applicant is below 21 years old, please provide the consent and particulars of the parent/guardian of the applicant.</p> <p>_____ (Signature of parent / guardian of applicant)</p> <p>Relationship to applicant: _____</p> <p>Name: _____</p> <p>NRIC / FIN No.: _____</p> <p>Date of consent: DD / MM / YYYY</p>
Applicant's Spouse	
<p style="text-align: center;">_____ (Signature of spouse)</p> <p>Name: _____</p> <p>NRIC / FIN No.: _____</p> <p>Date of consent: DD / MM / YYYY</p>	<p><u>Consent from parent / guardian:</u></p> <p>If the applicant's spouse is below 21 years old, please provide the consent and particulars of the parent/guardian of the applicant's spouse.</p> <p>_____ (Signature of parent / guardian of spouse)</p> <p>Relationship to applicant's spouse: _____</p> <p>Name: _____</p> <p>NRIC / FIN No.: _____</p> <p>Date of consent: DD / MM / YYYY</p>

Family Members

Complete this section only if you are applying for KiFAS by PCI (please refer to Part 3C of application).

If the family member is below 21 years old, parents or legal guardian of the minor may provide consent on behalf.

Name: _____

NRIC / FIN No.: _____

Date of consent: **DD / MM / YYYY**

(Signature)

Name: _____

NRIC / FIN No.: _____

Date of consent: **DD / MM / YYYY**

(Signature)

Name: _____

NRIC / FIN No.: _____

Date of consent: **DD / MM / YYYY**

(Signature)

Name: _____

NRIC / FIN No.: _____

Date of consent: **DD / MM / YYYY**

(Signature)

Name: _____

NRIC / FIN No.: _____

Date of consent: **DD / MM / YYYY**

(Signature)

Part 6: Declaration by Licensee / authorised personnel of Early Childhood Development Centre

1. I am [the Licensee / authorised by the Licensee of this Centre] to complete this declaration.
2. I am aware that all information submitted relating to the applicant, child and/or any family members is strictly confidential. The Centre is required to maintain the confidentiality of all such information and records in accordance with law, including the Personal Data Protection Act 2012 and the Early Childhood Development Centres Regulations 2018.
3. I have verified⁶ the above information to be true, to the best of my knowledge and belief. I understand that I/our Centre may be liable to prosecution for any information furnished which I know to be false or do not believe to be true.
4. I understand that any part of this application improperly completed may lead to the rejection of the application.

Name of Centre / Kindergarten	Centre Code	Contact No.
Name / Designation of Personnel	Signature	DD / MM / YYYY Date

⁶ Please refer to Section 8 of the Code of Practice for the requirements relating to the administration of subsidy.



BETHESDA AMK KINDERGARTEN

No. 601 Ang Mo Kio Ave 4 S569898

Phone: 6453 6134

Email: bethkindamk@gmail.com

CONFIRMATION OF REGISTRATION

To Submit:

- Child's Birth Certificate
- Child's Immunization Records
- Mother's NRIC/ID (front and back)
- Father's NRIC/ID (front and back)

Soft copy:

- Email: office@bethesdakindergarten.com
- WhatsApp: 8875 7433

Hard copy: Submit in person at Kindergarten Office during kindergarten operating hours

Registration is confirmed with payment of non-refundable **Registration Fee: \$80**

Modes of Payment accepted for Registration Fee:

- PayNow to UEN: 201024473E
- Bank Transfer: OCBC 657 898094 001
- Cheque made payable to "Bethesda (Ang Mo Kio) Kindergarten Pte Ltd"
- Cash Payment at Kindergarten Office