

Dear Parents,

Welcome to White Lodge! We look forward to working in partnership with you in providing the best possible care for your children. We have listed some simple guidelines to help you with the admission procedure.

Admission Procedures

1. Visit White Lodge Kindergarten and collect an information pack.
2. Book a trial date and do a free one (1) hour trial session.
3. Where applicable, a RM50.00 non-refundable fee will be collected to enter your child into our wait list.
4. If you are interested, book the school days for your child and send an email/fax to confirm.
5. Each child will have to do two (2) free one-hour orientation sessions accompanied by a parent before starting school.
6. The first school day will be an hour from 9.30 am to 10.30 am. We recommend that you check with the Principal on how your child is coping after the second school day. Thereafter, parents and teachers can deliberate on the school hours, and eventually you can decide on whether you wish to enroll your child in the half day or full day programme.

Once the placement is confirmed, please submit the following necessary paperwork to the Principal's Office:

- Enrolment Form
- Payment of programme, registration, administration & insurance fees
- Letters of recommendation is required from speech therapists, psychologists, or other therapists your child is consulting with for a placement in our integration programme.

All children will need to have an extra change of clothes, diapers, wet wipes, napping items and a sun hat packed into their bags daily. Teachers will give out a zipper bag with a communication book for those coming in by bus.

A weekly bulletin will be sent via email updating parents on the school activities every Friday. At the end of terms two and four in June and December respectively, there will be a Parent-Teacher Meeting, where each child's portfolio will be shared with the parents. Parents are encouraged to participate in all school events and celebrations.

Yours sincerely,

Jayne Nadarajoo
 Founding Director



Student Registration Form

1. CHILD'S DETAILS

Surname		Given Names	
Other Names Child is known by			Age
Birth Certificate	Sex	Date of Birth	
Phone Number	Place of Birth	Nationality	
Language spoken at home	Religion	Race	
Is there anyone prohibited from having contact with or collecting your child?			Yes <input type="checkbox"/> No <input type="checkbox"/>

2. MOTHER'S DETAILS

Surname		Given Names	
Other Names Mother is known by			
Nationality	Race	Date of Birth	
Passport			
Home Telephone	Hand Phone		
Home Address			
Employer	Occupation		
Work Telephone	Email Address		
Work Address			

3. FATHER'S DETAILS

Surname		Given Names	
Other Names Father is known by			
Nationality	Race	Date of Birth	
Passport			
Home Telephone	Hand Phone		
Home Address			
Employer	Occupation		
Work Telephone	Email Address		
Work Address			

4. EMERGENCY CONTACT DETAILS

Please list the people (over 18 years old) that you wish to be contacted and are authorised to collect your child in the event that you cannot be reached.

Nominated Contact Person 1

Name Relationship to Child

Mobile Phone Work/Home Phone

Address

Emergency Pick Up Yes No Daily Pick Up Yes No

Nominated Contact Person 2

Name Relationship to Child

Mobile Phone Work/Home Phone

Address

Emergency Pick Up Yes No Daily Pick Up Yes No

5. EMERGENCY MEDICAL DETAILS

Doctor's Name Phone Number

Address

Dentist's Name Phone Number

Address

In the event of an emergency, illness or accident concerning my child, I authorise White Lodge to seek treatment from a medical practitioner, medical centre, dentist or hospital and may include transport in an ambulance. I give consent to the carrying out of appropriate medical, dental, hospital treatment or transport in an ambulance as deemed necessary by the doctor, dentist or paramedic. I will be responsible for any medical and/or ambulance expenses that may occur. Alternatively when notified, I or above nominated emergency contact person will collect my child as soon as possible. I will update the school of my contact details as well those of the emergency contact people. I will also update the school of changes or development in my child's health, medical condition or allergies.

I agree to all of the above. Parent/Guardian to sign below:

Name of Parent/Guardian

Signed Date

6. HEALTH INFORMATION

Has your child been immunised? Yes No

If yes, please provide evidence such as a letter from your doctor.

A non-immunised child may be temporarily excluded from the school if a vaccine-preventable illness outbreak occurs.

Does your child have any allergies? Yes No If yes, please provide details

Is your child on any regular medication? Yes No If yes, please provide details

Has your child had any of the following?

Measles Mumps Rheumatic Fever Epilepsy German Measles

Ear Trouble Convulsions Scarlet Fever Chicken pox Diabetes

Does your child suffer from Asthma? Yes No If yes, please provide details

Does your child have any additional needs? Yes No If yes, please provide details

Is there any other information you would like to share about any special requirements, cultural or religious beliefs that staff should be aware of? Yes No If yes, please provide details

Does your child have any specialised dietary needs? Yes No If yes, please provide details

Does your child have a history of major illness or had an operation? Please provide details

7. ADMINISTRATION OF PANADOL

In the event that we need to administer Panadol to your child for a high fever or pain (38° or higher), we will make all reasonable endeavours to contact the parents or guardian. If we cannot contact you, do you give permission for the staff to administer Panadol? Yes No

Name of Parent/Guardian

Signed

Date

8. PREFERRED ENTRY STATUS

Have any other family members previously attended, currently attending or enrolled to attend any White Lodge school? Yes No If yes, please provide details

1. Full Name _____ Relationship to Enrolling Student _____
Years (s) at White Lodge _____ Class _____

2. Full Name _____ Relationship to Enrolling Student _____
Years (s) at White Lodge _____ Class _____

Please circle the student's order amongst siblings: Oldest 1 2 3 4 5 6 Youngest

9. PARENTS AGREEMENT

Sunscreen: I give permission for staff to apply sunscreen to my child. Yes No

Emergency evacuations: In the event of an emergency, the children will be required to evacuate the premises and will assemble at a central point of safety. The evacuation procedure will be practiced throughout the year and the children will be fully supervised by staff. Yes No

Publicity: I give permission for my child's photographs, name, age and nationality to be used for publicity for White Lodge, should this be required. Yes No

Observations: I give permission for my child to be observed by students for training purposes. Yes No

Photographs: I give permission for my child's photograph to be displayed throughout White Lodge in portfolio work, displays and newsletters. Yes No

Excursions: My child is authorised to be taken on routine excursions or outings from the school. Yes No

Fees: I am aware that all fees are payable in the second last week of the term before and agree to settle school fees on or before the due date. Yes No

Deposit Refund: I am aware that 2 months' notice is required for all withdrawals, I am aware that the school reserves the right to forfeit the deposit if the one-term notice period is not met. Yes No

I agree to all of the above. Parent/Guardian to sign below:

Name of Parent/Guardian

Signed

Date

