



# PAP COMMUNITY FOUNDATION BRADDELL HEIGHTS BRANCH

人民行动党社区基金(布莱德岭)

Main Office: Blk 246 Serangoon Ave 3 #01-216 S(550246) Tel: 62811050 Fax: 62825320  
Blk 1 PCF Centre: 62845761 / Blk 307 PCF Centre: 62857090 / Blk 335 Sparkletots Child Care: 62849495

20 April 2013

## PCF REGISTRATION EXERCISE N-K2 FOR 2014 INTAKE.

### INFORMATION & REGULATIONS

#### 1. Year of Birth - For admission into PCF Education Centres on 2 January 2014.

LEVEL	YEAR of BIRTH: Children born on
Nursery	2 January 2010 to 1 January 2011
Kindergarten 1	2 January 2009 to 1 January 2010
Kindergarten 2	2 January 2008 to 1 January 2009

#### 2. Registration Phases

##### a Phase 1: INTERNAL

To be conducted and completed before 6 May 2013

*Phase 1:* Existing Pupils

- K1/2013 moving up to K2/2014
- Nursery 2013 moving to K1/2014
- Siblings of present pupils ) New
- Children of Members of Grassroots Organizations approved by our Branch Chairman ) Registration )

##### Phases 2-4 NEW REGISTRATION

To be conducted on 11 May 2013 & thereafter

##### b Phase 2 (Residents of Marine Parade GRC)

- For residents (Singaporeans and Permanent Residents) of Marine Parade GRC
- New registration for:  
All available places in Nursery, K1 and K2.

##### c Phase 3 (Non-residents of Marine Parade GRC)

- For parents (Singaporeans and Permanent Residents) who are residents of other constituencies/GRC seeking places in Education Centres of Braddell Heights.
- If caregiver (e.g. grandparent, child-minder) is the reason for applying, parent is to submit a copy of caregiver's IC with application.
- If the applicant resides in any of the two Opposition Wards, the registration form must be endorsed and signed by the PCF Advisor of his constituency (i.e. Opposition ward).

##### d Phase 4 (All others)

- For children of foreigners/ Parents on Work Permits/ Children on Dependent's Pass. A letter of approval to study in Singapore must be obtained from the Immigration Department before a pupil can be admitted into the school.

3 **REGISTRATION EXERCISE.**

a

<b>Date: Saturday 11 May 2013, 9.00am to 12.00pm</b>
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b

Registration Centres:

PAP Community Foundation Braddell Heights Branch Education Centres at:

Blk 1 Lorong Lew Lian	Tel. No.62845761
Blk 307 Pre-School Centre Serangoon Avenue 2	Tel. No.62857090

4a **Collection of Registration Forms**

Registration forms can be obtained from:

1. PCF Braddell Heights Branch Education Centres at Blk 1 and 307 from Monday to Friday, 9.00am to 5.00pm.
2. Blk 246 Serangoon Ave 3 PAP Braddell Heights Branch Office on Monday to Friday from 9.00am to 12.00pm.
3. Braddell Heights Community Club (Mon-Sun 9.00am to 10.00pm)

**Date of collection: 20 April 2013 onwards.**

(Note: An application form is no guarantee that your child will be given a place in our Education Centre)

b

**SUBMISSION OF REGISTRATION FORM WITH RELEVANT DOCUMENTS**

Copies of the following documents must be submitted with the application form:

- Child's Birth Certificate,
- I/Cs of both parents.
- I/C of caregiver (applicable for Phase 3 applicant if reason for placing child in an Education/Pre-school Centre at Braddell Heights is because of caregiver's residence).
- Passport, if a foreigner – to establish whether a Dependent Pass (DP) holder (which is valid) or needs to apply for a Student Pass(SP).
- Vaccination Certificate/ Health Booklet to check if child has completed MMR (Measles, Mumps and Rubella).
- All applications **MUST** be signed by the parents/guardians of the child.

c

Checking of Forms and Documents

- **Please bring the original documents for teachers to check against the copies at the time of registration.**
- Missing documents or incomplete submissions may mean that these applications may be rendered the lowest priority unless the party concerned is able to produce the required documents.

d Selection

Balloting will be carried out if demand outstrips the number of vacancies.

e Notification

Parents will be informed the results by **22 July 2013**. If you fail to get a reply by this date please call your registration centre.

5 **REGISTRATION FEES**

- Registration fees of \$16 (inclusive of GST) is payable at the time of registration.
- This is charged to all **NEW** registration for vacancies in Nursery, K1 & K2.
- This fee paid is non-refundable.

6 **TRANSPORT BY SCHOOL BUS**

- Transports to the Education Centres by school bus are to be arranged by the child's parents/guardians and not by the Education Centres if your child is given a place.
- Contacts of the various school bus drivers if any can be obtained at the respective Education Centres.

7 **FINANCIAL ASSISTANCE/ FEES SUBSIDY**

Financial assistance is available under the Kindergarten Financial Assistance Scheme (KiFAS). Children whose family's monthly gross household income is \$3,500 and below or monthly household per capital income (PCI) is \$875 and below are eligible to apply.

For further information, please enquire from the centre.

8 **FEES PAYMENT**

Payment of fees by GIRO can be through:

- A designated personal account, or
- A Children Development Account (CDA/Baby Bonus) – PCF is an Approved Institution (AI) for this scheme.

Mr Yong Chun Yee  
Administrator  
PAP Community Foundation  
Braddell Heights Branch

**THIS PAGE IS TO BE RETAINED BY PARENTS.**

PUPIL REGISTRATION EXERCISE FOR 2014 INTAKE (NURSERY, K1, K2)

Instructions to Parents applying for Vacancies/Available Places in our Education Centres

- 1 Complete the Registration Form.
2. The following are the choices available for 2014:

PCF Education Centre at	Levels Available	Sessions/Time	School Fees per Month*
Blk 1 Lor Lew Lian	4-Hrs K1, K2	8am-12pm, 1pm-5pm	\$100 (inclusive of GST)
	3 <sup>1</sup> / <sub>2</sub> -Hrs Nursery	8am-11.30am, 1pm-4.30pm	\$100 (inclusive of GST)
Pre-School Centre Blk 307 Serangoon Ave 2	4-Hrs K1, K2	8am-12pm, 1pm-5pm	\$120 (inclusive of GST)
	3 <sup>1</sup> / <sub>2</sub> -Hrs Nursery	8am-11.30am, 1pm-4.30pm	\$100 (inclusive of GST)

\*School Fee per month does not include other fees like Supplementary Fee and Registration Fee. Computer-Aided Education is available at all Centres, such cost is inclusive in the School Fee.

3. Fees payable at time of registration:

**Registration Fee (strictly non-refundable) \$16 (inclusive of GST)**

- 4a. If your application is successful, our Branch will notify you and the following will be required as **DEPOSIT** for confirmation of place for your child:

Description	Education Centres at Blk		
	Blk 307 4hrs K1/K2	Blk 1 4hrs K1/K2	Blk 1 & 307 3 <sup>1</sup> / <sub>2</sub> hrs Nur
a. Advance collection of 1 month's fee for the school year 2014.	\$120	\$100	\$100

- 4b. The **DEPOSIT** is

- NON-REFUNDABLE if you choose to withdraw your child at any time before the end of the school year in 2014 without giving 1 month notice.
- NON-REFUNDABLE if you eventually choose not to take the place you have reserved for your child, any time before the school year begins in January 2014.

**If your child completes the school year with the same centre, the one month advance collection (above) shall be the School Fee for December 2014.**

5. Payment by Cheque: Please make your cheque payable to 'PAP COMMUNITY FOUNDATION'.

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Name of Child: \_\_\_\_\_

Registration No: \_\_\_\_\_

Dear Parent,

You will be informed by letter the result of your application by 22 July 2013.  
If your child has been accepted, please produce this when making payment of fees.  
Should you not receive any notice from the Education Centre regarding the result of your application by 29 July 2013, please contact the Centre Principal.

Please bring along this slip.

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For Official Use Only

Registration No. _____	*Nursery / K1 / K2 Centre: Session: Class:	*Phase 1 / 2 / 3 / 4 MOE Referral No. <small>(Applicable for over-aged child seeking K2 place )</small>	*Resident / Non-Resident of Constituency
Documents Verified? <input type="checkbox"/> Yes <input type="checkbox"/> No			

All information requested for must be furnished.

Copies of the following must be attached: child's Birth Certificate, parents' IC/s, caregiver's IC (if applicable).

Submission of this form is not a guarantee of a place in the centre.

\*Delete where applicable

✓ Tick wherever appropriate

PART I (To be completed)

CHILD'S PARTICULARS

BC/ID No. [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] (Please fill in ID's prefix)

Name: \_\_\_\_\_ Chinese Name: \_\_\_\_\_ (If applicable)

Sex:  Male  Female ID Type:  Birth Certificate  FIN Dependant Pass  FIN Student Pass  Others

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place/Country of Birth: \_\_\_\_\_

Race:  Chinese  Malay  Indian  Eurasian  Others Citizenship:  Singapore Citizen  Singapore PR  Foreigner on Dependant Pass  Foreigner on Student Pass  Others

Birth Order: \_\_\_ No. of Siblings: \_\_\_ (Please complete Part II)

Dependant Pass/Student Pass Validity: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Child Living With:  Father  Mother  Guardian  Caregiver

Contact Person:  Father  Mother  Guardian  Caregiver

House Type:  HDB 1-room  HDB 2-room  HDB 3-room  HDB 4-room  HDB 5-room  HDB Executive  HUDC/EC  Private flat  Private house  Shophouse  Institution (nursing home, sheltered home)  Homeless

Please tick below if

Total household income (gross) is \$3500 and below. (Note: please approach the PCF centre staff for KiFAS application form if you need financial assistance)

Total household members are 5 or more. (Note: If you need financial assistance, please check with the PCF centre whether you meet the eligibility criteria to apply for KiFAS)

**Language spoken at Home:** (Please fill in the table using the choices given below)

Choices:

- |           |           |             |          |
|-----------|-----------|-------------|----------|
| 0 English | 3 Tamil   | 6 Cantonese | 9 Others |
| 1 Chinese | 4 Hokkien | 7 Hakka     |          |
| 2 Malay   | 5 Teochew | 8 Hainanese |          |

*For Example:*

Frequency of Use		
1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
<b>0</b>	<b>1</b>	<b>6</b>

For Your Input		
Frequency of Use		
1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>

**PART II (To be completed where applicable)**

SIBLINGS PARTICULARS					
Name :	BC No.	Date of Birth : (dd/mm/yyyy)	Birth Order :	Gender :	Citizenship :
Name :	BC No.	Date of Birth : (dd/mm/yyyy)	Birth Order :	Gender :	Citizenship :
Name :	BC No.	Date of Birth : (dd/mm/yyyy)	Birth Order :	Gender :	Citizenship :
Name :	BC No.	Date of Birth : (dd/mm/yyyy)	Birth Order :	Gender :	Citizenship :
Name :	BC No.	Date of Birth : (dd/mm/yyyy)	Birth Order :	Gender :	Citizenship :
Name :	BC No.	Date of Birth : (dd/mm/yyyy)	Birth Order :	Gender :	Citizenship :
Name :	BC No.	Date of Birth : (dd/mm/yyyy)	Birth Order :	Gender :	Citizenship :
Name :	BC No.	Date of Birth : (dd/mm/yyyy)	Birth Order :	Gender :	Citizenship :

**PART III (To be completed )**

CHOICE OF PCF EDUCATION CENTRE/SESSION	
Indicate your choice in order of preference. We will try to accommodate your request. Balloting will be conducted if demand exceeds the number of vacancies available.	
a)	<u>Level</u> applying for: <input type="checkbox"/> Nursery <input type="checkbox"/> K1 <input type="checkbox"/> K2
b)	<u>PCF Education Centre:</u>
1 <sup>st</sup> Choice	BLK _____
2 <sup>nd</sup> Choice	BLK _____
c)	<u>Session:</u> (Please state time, example 1-5 pm)
1 <sup>st</sup> Choice	<input type="checkbox"/> am Time: _____ <input type="checkbox"/> pm Time: _____
2 <sup>nd</sup> Choice	<input type="checkbox"/> am Time: _____ <input type="checkbox"/> pm Time: _____
d)	Preferred Mother Tongue: <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Tamil

**PART IV (To be completed)**

**PARENTS' PARTICULARS**

**Father**

**ID No.**           (Please fill in ID's prefix) **Date of Birth:** \_\_\_\_-\_\_\_\_-\_\_\_\_  
dd mm yyyy

**Name:** \_\_\_\_\_

**ID Type:**  NRIC Pink  NRIC Blue  UIN (Work Permit/Employment Pass)

**Race:**  Chinese  Malay  Indian  Eurasian  Others  
**Citizenship:**  Singapore Citizen  Singapore PR  Foreigner  
**Marital Status:**  Married  Separated  Widowed  Divorced  Single

**Highest Education Level:**

Degree and above	Diploma	A Level	O Level
N Level	ITE	Upper Secondary	Lower Secondary
PSLE	Primary	Preschool	Nil

**Employed:**  Yes  No **Grassroots Member:**  Yes  No

**Type of Occupation:**  Professional  Management/Executive  Business  Admin/Clerical  
 Home-maker  Retired  Others

**Occupation (e.g. Nurse; Teacher; etc):** \_\_\_\_\_

**Address:**

Block/House No. \_\_\_\_\_ Street Name: \_\_\_\_\_  
 Unit No. \_\_\_\_\_ Building Name: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_

**Telephone No.** \_\_\_\_\_ (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Pager)

**Email Address:** \_\_\_\_\_ (if any)

**Mother**

**ID No.**           (Please fill in ID's prefix) **Date of Birth:** \_\_\_\_-\_\_\_\_-\_\_\_\_  
dd mm yyyy

**Name:** \_\_\_\_\_

**ID Type:**  NRIC Pink  NRIC Blue  UIN (Work Permit/Employment Pass)

**Race:**  Chinese  Malay  Indian  Eurasian  Others  
**Citizenship:**  Singapore Citizen  Singapore PR  Foreigner  
**Marital Status:**  Married  Separated  Widowed  Divorced  Single

**Highest Education Level:**

Degree and above	Diploma	A Level	O Level
N Level	ITE Primary	Upper Secondary	Lower Secondary
PSLE	Primary	Preschool	Nil

Employed:  Yes  No

Grassroots Member:  Yes  No

Occupation:  Professional  Management/Executive  Business  Admin/Clerical  
 Home-maker  Retired  Others

Occupation (e.g. Nurse; Teacher; etc): \_\_\_\_\_

**Address:**

Block/House No. \_\_\_\_\_ Street Name: \_\_\_\_\_

Unit No. \_\_\_\_\_ Building Name: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone No. \_\_\_\_\_ (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Pager)

Email Address: \_\_\_\_\_ (if any)

**PART V (To be completed where applicable)**

**GUARDIAN'S PARTICULARS**

ID No. 

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 (Please fill in ID's prefix) Date of Birth: \_\_\_\_\_  
dd mm yyyy

Name: \_\_\_\_\_

ID Type:  NRIC Pink  NRIC Blue  UIN (Work Permit/Employment Pass)

Race:  Chinese  Malay  Indian  Eurasian  Others  
Citizenship:  Singapore Citizen  Singapore PR  Foreigner  
Marital Status:  Married  Separated  Widowed  Divorced  Single

**Highest Education Level:**

Degree and above	Diploma	A Level	O Level
N Level	ITE Primary	Upper Secondary	Lower Secondary
PSLE	Primary	Preschool	Nil

Employed:  Yes  No

Grassroots Member:  Yes  No

Occupation:  Professional  Management/Executive  Business  Admin/Clerical  
 Home-maker  Retired  Others

Occupation (e.g. Nurse; Teacher; etc): \_\_\_\_\_

**Address:**

Block/House No. \_\_\_\_\_ Street Name: \_\_\_\_\_

Unit No. \_\_\_\_\_ Building Name: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone No. \_\_\_\_\_ (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Pager)

Email Address: \_\_\_\_\_ (if any)



