ANA MUSLIM PRESCHOOL
Where Happiness Rules

WELCOME TO ANA MUSLIM PRESCHOOL

INSTRUCTION:

Please fill in the form below and provide the following documents to complete the registration.

DOCUMENT CHECKLIST:

Student :

[/] Copy of Mykid / Passport

[/] Copy of Birth Certificate

[/] Passport Size Photo

Father:

[/] Copy of Mykad / Passport

Mother :

[/] Copy of Mykad / Passport

ANA MUSLIM PRESCHOOL
Where Happiness Rules

REGISTRATION FORM

Photo

Package

☐ Half Day (8.00am - 12.30pm) ☑ Full Day (8.00am - 5.00pm)

Student Information

Name	Faaeq Fahrezzi Bin Mohd Khairil Junaidi	**Nickname**	Faaeq
MyKid/Passport	190903-10-2287	**Gender**	☑ Boy ☐ Girl
Home address	45, Jalan KH11, Kita Harmoni, Cybersouth, 43800, Dengkil Selangor	**Date of Birth**	03/09/2019
		Place of Birth	Selangor
		Number of siblings	3

Previous School / Current School or Daycare : Little Caliph Cyberjaya

Father's Information

Name	Mohd Khairil Junaidi Bin Jamaluddin	**Mobile No.**	018-2002121
IC no./Passport	821231-08-5661	**Office No.**	
Home address	45, Jalan KH11, Kita Harmoni, Cybersouth, 43800, Dengkil Selangor	**Occupation**	Project Engineer
		Salary (RM)	Rm8000
Office address	Menara Maxis, KLCC Kuala Lumpur		
Email	mkjunaidi@gmail.com		

Mother's Information

Name	Maryati Binti Zakaria	**Mobile No.**	012-2740488
IC no./Passport	810813-14-5544	**Office No.**	
Home address	45, Jalan KH11, Kita Harmoni, Cybersouth, 43800, Dengkil Selangor	**Occupation**	Business Analyst
		Salary (RM)	RM7800
Office address	5th Floor, Block 12, Star Central Cyber12, Cyberjaya		
Email	mar_0881@yahoo.com		

Guardian's Information / Next of Kin

Name	same as above	**Relationship**	
IC no./Passport		**Mobile No.**	
Home address			
Email			

Contact:				
Who does your child live with?	☐ Mother	☐ Father	☑ Both	☐ Guardian
Who is the best person to call?	☑ Mother	☐ Father	☐ Both	☐ Guardian

Transportation information:			
How does our child get home?	☑ Car	☐ Motorcycle	☐ Van / Bus
Is there any specific authorized person / plate number to pick up your child?	☑ Yes	☐ No	Note : VBT 9136

Medical information:			
Does your child have allergies?	☐ Yes	☑ No	Note :
Does your child have any health issues (asthma, eczema, G6PD etc.)?	☐ Yes	☑ No	Note :
Did you vaccinate your child?	☑ Yes	☐ No	Note :

Additional information:				
What are the languages use at home?	☐ English	☑ Bahasa Melayu	Other language(s):	
Is your child potty-trained or have started potty-training?	☑ Yes	☐ No	Note :	
Is your child still using bottle?	☐ Yes	☑ No	Note :	
Is there anything else should we know about your child (difficulties, special interests, etc.)?	☐ Yes	☑ No	Note :	
How did you know about AMP?	☐ Website	☐ Social Media	☐ Street Bunting	☐ Word of Mouth
	Others (Please state) :			
Were you referred to AMP by someone? If yes, please state the name.	☐ Yes	☑ No	Name :	

☑ I hereby declare that the above information is true to the best of my knowledge.

☑ I hereby certify that I have read, understood and agree to abide by the Rules and Regulations of Ana Muslim Preschool.

Signature :

Name : Maryati binti Zakaria

Date : 5/11/2024

DECLARATION OF SPECIAL CARE OR SPECIAL EDUCATIONAL NEEDS

Your child's early years are very important for their physical, emotional, intellectual and social development. A student has a learning difficulty if he/she:

- Has a significantly greater difficulty in learning than the majority of students of the same age; or
- Has a physical or mental disability which prevents or hinders the student from making use of educational facilities of a kind generally provided for students of the same age in the school. This includes Autism, Speech Delay, ADHD, Dyslexia, Behavioural Disorder or others.

Please answer the following questions:

No.	Question	Answer
1	Does your child have any of the symptoms above or any other symptoms? If yes, please state here : _____	☐ Yes ☐/ No
2	Have your child been officially diagnosed by a medical practitioner with any symptoms above?	☐ Yes ☐/ No
3	Have you sent your child to any type of therapy sessions currently or previously? If yes, please state here : _____	☐ Yes ☐/ No
4	Has your child ever undergone any developmental or psychological assessments, either at school or by a healthcare professional? If yes, please state here : _____	☐ Yes ☐/ No
5	Has your child exhibited any challenges or difficulties in the following areas: communication, social interactions, attention and focus, academic learning, or behavior? If yes, please state here : _____	☐ Yes ☐/ No
6	Can you provide any specific examples of situations where you observed your child facing challenges in their learning or social interactions? *[Please skip if not applicable.]*	
7	Is there any family history of learning difficulties, developmental disorders, or mental health conditions that you are aware of? If yes, please state here : _____	☐ Yes ☐/ No

Are there any other relevant information or details about your child's development that you would like to share?

No

Terms & Conditions:

1. If the school finds that your child displays any symptoms during their placement at Ana Muslim Preschool, the school reserves the right to have our occupational therapist conduct an assessment of the child. There will be a screening charge of RM180, which is to be borne by the parents.
2. Upon recommendation from our occupational therapist as well as consent from parents, should the evaluation show mild to moderate symptoms, the child have the option to be transferred to our School Based Intervention Program or Early Intervention Program (EIP).
3. The school reserves the right to cancel the enrolment of any student if they show any of the above symptoms, are unable to participate meaningfully in the school's curriculum, or upon the recommendation of our occupational therapist.
4. The school reserve the right to immediately cancel the enrolment of any students should the parents failed to disclose or provide false information regarding their child's condition.

DECLARATION

I hereby declare that the above information is true to the best of my knowledge.

I, Maryati binti Zakaria (~~father's~~ / mother's name),

parent of Faaeq Fahrezzi Bin Mohd Khairil Junaidi (child's name) allow the school to conduct assessment on my child if the school deem necessary.

Signature :

Name : Maryati Zakaria

Date : 5/11/2024

REGISTRATION FLOW