

## **KELAS ASAS BIMBINGAN AGAMA**

160, Changi Road, Singapore 419728. Tel: 6242 7388 **REGISTRATION FORM** 

Student Particulars

kaba@muhammadiyah.org.sg

Name:			
Address: (For corresspondence purposes)	NRIC: Gender:		
	DOB:	Nationality:	
$\bowtie$	HP-No:		
Parent / Guardian Particulars	Please note that most communications will be done through KABA Whatsapp Group Chat		
Name:	NRIC:		
Relationship with student: Email:	HP-No:		
Enrolment to KABA-Bridge Program	The	(ABA-Bridge Program	

## Please tick appropriate box:

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Program:	Session:	
KABA-Bridge 9 am - 12:30 pm	Saturdays *All Levels excluding Advance and Certificate level	
	Sundays *Primary & Secondary Levels	

## NOTE: On registration, please pay the following charges:

- \$ 10.00 fee for new registration only.
- \$ 40.00 for notes and reference/exam materials
- 2 months monthly fees for current month and December. Charges does not include gst

I declare that the information above are correct and hereby request to enrole my son/daughter/ward to the KABA-BRIDGE program.

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Levels:	0	Monthly Fees:				
Discovery Foundation Basic	7 - 12 yrs	\$ 30				
Intermediate Advance	13 - 16 yrs	\$ 40				
Certificate	17 - 20 yrs	\$ 40				
Every Level is a 2-year module						

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ere	Signature / Date:	Name:		Verified By (KABA Authorised Officer)	): Cut here
KABA-	Received From:			(Student Name)	
SAN AND	Being payment for: Regi	stration Fee:	10.00		
5 년	КАВ	A-Bridge Fee:		[\$ 30 / \$ 40 p/m X months]	
PAYMENT	Unif	orms:		[\$ 30 per piece X pcs]	
N E	Note	es/Materials:	40.00	[Annual payment]	
ED P	Oth	ers:			
		Total \$		Add 9% GST	
MON			Amo	unt Payable: \$	
S				Date & Authorised Si	anature