



Institut CECE 马来西亚学前教育学院

The Institute of Childhood Education-Studies and Community Education

(Wholly owned by CECE Education Foundation {819148-D})

(In Collaboration with University Tunku Abdul Rahman {UTAR})

Address: Tingkat 1 & 2, Lot 9094, JalanMalinja, Taman Bunga Raya, 53000 Kuala Lumpur, Malaysia.

Tel: 03-4142 6362 Fax: 03-4142 5402 Email: inquiry@cece.edu.my Website: www.cece.edu.my

Enrolment Form

FOR OFFICE USE ONLY

Student No.: _____

Intake: (mm) _____ (yyyy) _____

Payment modes: Full payment Instalments PTPTN
 CECE Student Loan Fund CMT Study Loan
 Others (please specify): _____

Please affix a recent
Passport-sized
photograph here

PROGRAMME DETAILS

Diploma in Early Childhood Education (A9298)

Study Modes:

Full-Time Class

Weekend Class

School Holiday Class Accommodation (For School Holiday Class only): Yes No

PERSONAL DETAILS

Name (As in NRIC/Passport) : _____

NRIC/Passport: _____ Place of Birth: _____

Date of Birth (dd-mm-yyyy): _____ Age: _____

Nationality: _____ Gender: Male Female

House Phone: _____ Mobile Phone: _____

Fax: _____ Email Address: _____

Marital Status: Single Married Divorced Widowed No. of Children: _____

Race: Malay Chinese Indian Others (please specify) _____

Religion: Muslim Buddhist Christian Hindu Others (please specify): _____

CONTACT DETAILS

Student's Correspondence Address:

Postcode: _____ City: _____ State: _____

Permanent / Parent's Correspondence Address:

Postcode: _____ City: _____ State: _____

ACADEMIC DETAILS

Name of Highest Academic Qualification :

SPM STPM O-Level A-Level UEC Diploma CECE Certificate

Bachelor Degree in _____

Others (please specify): _____

Total credit(s) scored in SPM (inclusive Bahasa Melayu): _____ Grade / Score in Bahasa Melayu: _____

Name and Address of School / College / University Previously Attended	Year	
	From	To

EMPLOYMENT DETAILS (If Applicable)

Company Name:

Address:

Postcode:

City:

State:

Position:

Office Tel.:

Fax:

From: To

WORKING EXPERIENCE IN EARLY CHILDHOOD CENTER (If Applicable)

Position

Teacher

Principal

Owner

Others (please specify): _____

Years of Service

FAMILY DETAILS (Please Provide Particulars of Your Parents, Guardian and Siblings)

1.Name: _____ Relationship: _____

NRIC: _____ Date of Birth: _____ Gender: _____

Nationality: _____ Race: _____ Religion: _____

2.Name: _____ Relationship: _____

NRIC: _____ Date of Birth: _____ Gender: _____

Nationality: _____ Race: _____ Religion: _____

3.Name: _____ Relationship: _____

NRIC: _____ Date of Birth: _____ Gender: _____

Nationality: _____ Race: _____ Religion: _____

4.Name: _____ Relationship: _____

NRIC: _____ Date of Birth: _____ Gender: _____

Nationality: _____ Race: _____ Religion: _____

5.Name: _____ Relationship: _____

NRIC: _____ Date of Birth: _____ Gender: _____

Nationality: _____ Race: _____ Religion: _____

SPOUSE'S DETAILS (If Applicable)

Name: _____ NRIC: _____ Nationality: _____

Mobile Phone: _____ Beneficiary: _____ Family Income: _____

CHILDREN'S DETAILS (If Applicable)

1.Name: _____ Relationship: _____

MyKid/ NRIC: _____ Date of Birth: _____ Gender: _____

Nationality: _____ Race: _____ Religion: _____

2.Name: _____ Relationship: _____

MyKid/ NRIC: _____ Date of Birth: _____ Gender: _____

Nationality: _____ Race: _____ Religion: _____

3.Name: _____ Relationship: _____

MyKid/ NRIC: _____ Date of Birth: _____ Gender: _____

Nationality: _____ Race: _____ Religion: _____

4.Name: _____ Relationship: _____

MyKid/ NRIC: _____ Date of Birth: _____ Gender: _____

Nationality: _____ Race: _____ Religion: _____

MEDICAL DISCLOSURE

Do you have any disability, impairment or long term medical condition that may affect your studies?

 Yes No

If yes, please indicate the area of impairment in order for us to assist you during your studies at Institut CECE.

 Learning Mobility Vision Others (please specify): _____**EMERGENCY CONTACT DETAILS**

Name: _____ Mobile Phone: _____ Relationship: _____

HOW DID YOU GET TO KNOW THIS PROGRAMME Advertisement Direct Mail Internet Recommendation Brochure Education Fair Others (please specify): _____**SUPPORTING DOCUMENTS** 1 Certified True Copy of Identity Card 2 Recent Passport-sized Photographs 1 Certified True Copy of SPM or Equivalent Certificate / Results 1 Certified True Copy of STPM or Equivalent Certificate / Results 1 Certified True Copy of Other Highest Education Certificate / Results**DECLARATION**

I, the undersigned, declared that the information provided in this application is complete, accurate and true, and I agree to abide by all the rules and regulations of Institut CECE.

I understand that any information given falsely or withheld will affect the decision of my application, and may result in my ineligibility for admission or enrolment.

I undertake to inform Institut CECE of any changes in address, phone numbers and other information provided by me in this application.

I understand that my failure to observe the Institute's code of conduct and the conditional acceptance requirement can result in my dismissal from INSTITUT CECE.

I have read and agreed to abide by the terms and conditions stipulated in the **Institut CECE Enrolment Policy**.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY

Payment Received: RM _____ Receipt No: _____ Date: _____

Received by (Name & Date): _____ Approved by (Name & Date): _____

Remarks:

Institut CECE Enrolment Policy

Registration and Placement

Reservations may be made by telephone/telefax/email but will only be confirmed upon receipt of the relevant registration form documents and payment. This, however, does not constitute to confirmation of placement. Placement will be confirmed on case to case basis upon approval by the Head of Department. Should the applicant register after the closing date, an administrative charge of RM5.00 per week will be charged.

<p>Mode of Payment</p> <ol style="list-style-type: none"> 1) Full Payment 2) Instalments 3) PTPTN <p>Interest Free Loan</p> <ol style="list-style-type: none"> 4) Chang Ming Thien Foundation (CMT) 5) CECE Student Loan Fund 	<p>Payment can be made via:</p> <p>Cash / Bank Draft / Online banking / Cheque</p> <p>Direct Bank-in : Public Bank Berhad</p> <p>A/C No : 3157457223</p> <p>In Favour of : Institut CECE</p> <p>CECE Fax No. : 03-4142 5402</p>
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Payment and Late Payment

All fees MUST be paid 10 days prior to the commencement of the class. Any late full settlement shall be charged an administrative charge of RM5.00 per week, calculating from the due date. All fees paid are not transferable.

Cancellation Policy

All notice of cancellation must be made in writing and acknowledged by Institut CECE.

No show on class	No refund
Less than 7 days notice prior to commencement of class	No refund
7 - 14 days notice prior to commencement of class	60% refund of the full fee after deduction of registration charge.
15 - 30 days notice prior to commencement of class	70% refund of the full fee after deduction of registration charge.
More than 30 days notice prior to commencement of class	80% refund of the full fee after deduction of registration charge.

Programme Changes

Institut CECE reserves the right to amend, cancel or postpone the course due to unforeseen circumstances. Full refund will be made in the event of postponement for more than 12 months.

Postponement Policy

Should the applicant fail to attend the enrolled session and wish to postpone to next session, a written letter must be submitted to the Head of Department for approval. An administrative charge of RM200.00 is to be imposed.

Fee Schedule for courses conducted in Kuala Lumpur [KL]

	Diploma in Early Childhood Education
Registration Fees <i>(Non-Refundable)</i>	RM 500.00
Tuition Fees <i>(Teaching Practice Fees will be charged separately.)</i>	RM10,500.00
Materials/Library <i>(Non-Refundable)</i>	RM 500.00
Examination Fees <i>(Non-Refundable)</i>	RM 300.00
TOTAL	RM 11,800.00

The above fee schedule is applicable for full payment only. For other mode of payment an administrative fee of RM100.00 will be charged. Kindly refer to the Payment Schedule.