



# Institut CECE 马来西亚学前教育学院

The Institute of Childhood Education-Studies and Community Education  
(In Collaboration with Universiti Tunku Abdul Rahman)

Address: Tingkat 1 & 2, Lot 9094, Jalan Malinja, 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  Term Payment  Monthly payment  
 CMT Study Loan  Others (please specify): \_\_\_\_\_

Please affix a recent  
Passport-sized  
photograph here

### PROGRAMME DETAILS

- Certificate in Pre-School Education (A9299)  
 Diploma in Early Childhood Education (A9298)  
 Executive Diploma in Early Childhood Education (MQA/PA1578)

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  
 CECE Diploma  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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please indicate the area of impairment in order for us to assist you during your studies at Institut CECE. <input type="checkbox"/> Learning <input type="checkbox"/> Mobility <input type="checkbox"/> Vision <input type="checkbox"/> Others (please specify): _____		
EMERGENCY CONTACT DETAILS		
Name: _____	Mobile Phone: _____	Relationship: _____
HOW DID YOU GET TO KNOW THIS PROGRAMME		
<input type="checkbox"/> Advertisement <input type="checkbox"/> Direct Mail <input type="checkbox"/> Internet <input type="checkbox"/> Recommendation <input type="checkbox"/> Brochure <input type="checkbox"/> Education Fair <input type="checkbox"/> Others (please specify): _____		
SUPPORTING DOCUMENTS		
<input type="checkbox"/> 1 Certified True Copy of Identity Card <input type="checkbox"/> 2 Recent Passport-sized Photographs <input type="checkbox"/> 1 Certified True Copy of SPM or Equivalent Certificate / Results <input type="checkbox"/> 1 Certified True Copy of STPM or Equivalent Certificate / Results <input type="checkbox"/> 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 <b>Institut CECE Enrolment Policy</b> .		
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 Academic Affairs. Should the applicant register after the closing date, an administrative charge of RM5.00 per week will be charged.

<b>Mode of Payment</b> 1) Full Payment 2) Term Payment 3) Interest Free Study Loan 4) Monthly Instalment	<b>Payment can be made via:</b> Cash / Bank Draft / Wang Pos Cheque – in favour of Institut CECE Direct Bank-in : Public Bank Berhad A/C No : 3157457223 In Favour of : Institut CECE CECE Fax No. : 03-4142 5402
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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.

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 Academic Affairs for approval. An administrative charge of RM200.00 is to be imposed.

## Fee Schedule for courses conducted in Kuala Lumpur [KL]

	Certificate in Pre-School Education	Diploma in Early Childhood Education	Executive Diploma in Early Childhood Education
Application Fees <i>(Non-Refundable)</i>	-	-	* RM 300.00
Registration Fees <i>(Non-Refundable)</i>	RM 300.00	RM 500.00	RM 300.00
Training Fees	RM 4,000.00	RM 10,500.00	RM 9,150.00
Materials/Library <i>(Non-Refundable)</i>	RM 200.00	RM 500.00	RM 300.00
Examination Fees <i>(Non-Refundable)</i>	RM 200.00	RM 300.00	RM 240.00
<b>TOTAL</b>	<b>RM 4,700.00</b>	<b>RM 11,800.00</b>	<b>RM 9,990.00</b>

*\*The Application Fees will be waived if the applicant passed the RPL Assessment and registered for this programme.*

*The above fee schedule is applicable for full payment only. For payment by Terms, Study Loan or Monthly Instalment an administrative fee of RM100.00 will be charged. Kindly refer to the Payment Schedule.*