



華埠兒童培護中心 CHINATOWN DAY CARE CENTER, INC.

Application Form for Admission
報名申請表

Name of Child _____

兒童名字 Last 姓 First 名 Chinese 中文名字

Date of Birth _____ Gender _____ Anticipated Start Date _____
出生日期 性別 預計上學日期

Address 住址 _____

Primary Email 電子郵件 _____

Where did you hear about us? 你從哪裏知道我們 _____

Any siblings enrolled in our Center currently or in the past?

Name: _____ Class: _____ Year: _____

Parent/ Guardian Information 監護人信息

Guardian's name 監護人名字 _____ Relationship 關係 _____

Occupation 公司職業 _____

Cell Phone 手機號碼 _____ Primary () Secondary ()

Guardian's name 監護人名字 _____ Relationship 關係 _____

Occupation 公司職業 _____

Cell Phone 手機號碼 _____ Primary () Secondary ()

Child Information 學生信息

1. What language does your child speak? _____

2. Does your child speak clearly? Yes No

3. Does your child have IEP/IFSP?

Yes (SEIT, Speech, OT, PT, ABA, ect.) _____ No

4. Does your child use: Pacifier Bottle

Child feeds: Self By Caregivers Both

5. Who typically takes care of your child? _____

6. Will your child cry when separating from caregivers? _____

7. Does your child obey authority figures? Yes No

8. Was your child enrolled in school before? Yes/No If Yes, Where? _____

9. Toilet trained? Yes, only urination Yes, only bowel Yes, both No

Health Information 健康訊息

Please circle if your child has 如果您的孩子有以下情況，請圈出來 Or N/A 或者沒有以下情況
Corrective Device (glasses, hearing aid, etc.) 矯正用具(眼鏡、助聽器等)

Behavioral/Emotional issues 行為/情緒問題

Food/medicine/other allergies 食物過敏/藥物過敏/其他過敏:

please specify 若有的話，請說明: _____

Asthma 哮喘

Convulsions/Seizures 抽搐/癲癇

Diabetes 糖尿病

Physical Disabilities 身體殘障

Other (please specify) 其他(請說明): _____

Children who have special health care needs are those who have chronic physical, developmental, behavioral, or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that are required by children generally. Does your child have special health care needs? 有特殊醫療需求的兒童是指患有可能持續十二個月以上的身體、發展、行為、或情緒方面的慢性疾病，其所需的醫療相關服務已超越一般兒童的需求。您的孩子需要特殊照顧嗎?

Yes 是 No 否

Please explain 請說明: _____

Does your child have special health care needs that require treatment and/or medication?

您的孩子是否需要治療和(或)藥物方面的特殊醫療照護? Yes 是 No 否

Please explain 請說明: _____

Are there any activities your child cannot participate in ?

您的孩子是否無法參加某些活動? Yes 是 No 否

Please explain 請說明: _____

*Due to the limited number of seats, there is a waiting list with no fee. Parent must clearly complete all the information and return it to our center or email (Chinatowndaycare@yahoo.com) it to us. We will contact you when a seat is available.

*由於座位數量有限，我們會有等候名單且不收費。家長必須清晰填寫所有信息並交回我們的中心或通過電子郵件發送給我們。我們會在座位可用時與您聯繫。

CERTIFICATION STATEMENT 保證聲明

I, the undersigned, certify that all information on this form is true and correct. I understand that my statements are subject to verification. I agree and accept that I will abide by all applicable rules and regulations of this program. I consent to the enrollment and participant of the child listed above in this program. 我證實此申請表中的所有資料正確無誤，我了解我的聲明將受到驗證。我同意並接受所有相關的法令規章，我同意我的孩子報名參加此課程。

Parent Name (Please Print) 家長姓名 (請書寫) : _____

Parent/Guardian Signature 家長/監護人簽名: _____ Date 日期: _____