

(School Year 2020-2021)

Name of	f child: Sex: M F Date of birth: Month Date Year		
Nationality:Name of sibling in our program:			
	Date of birth:Month Date Year		
Home address:			
Telepho	ephone: (H) (Cel.)		
Mother's	Nother's name: e-mail:		
Compar	ny/Work: Position: Tel:		
Passport Nationality:			
Father's name: e-mail:			
Compar	y/Work: Position: Tel:		
Passport Nationality:			
Please give the name of a person who can be called if we cannot reach you. (Be sure that the person knows you have given us his/her name):			
Name: _	Telephone:		
Relationship:			
Starting Semester (check one)			
Tiggers &	1st Choice: ☐ 2 days ☐ 3 days ☐ 5 days Hours: ☐ half-day ☐ full-day		
2's	2 nd Choice: ☐ 2 days ☐ 3 days ☐ 5 days Hours: ☐ half-day ☐ full-day		
3's -	1 st Choice: half-day full-day (check one)		
	2 nd Choice: half-day full-day (check one)		
	2 Onoice. — Hair-day Linear One)		
Pre-k or K	☐ full-day option only		

 Your will receive a reminder for registration in the mail. If your address or phone number changes, please notify us. Also, please note the registration date on the reminder. If you do not come to register, we will assume that you have decided not to enroll your child.

Parents of wait listed children please note:

In order to maintain a language balance in our classes, not only your numerical place on the waiting list, but also your child's English language ability may be considered for admission to TYPA Tiger Tots. We will try to maintain a balance of English speakers to non-English speakers. It is possible that your child will be asked to come to Tiger Tots for an interview to determine language ability.

Please read the description below and check the one which best describes your child's language ability at this time.

	Native or fluent speaker of English		
	English as a second language (functions in English with age appropriate vocabulary)		
	Limited English (able to function in regular classroom, though still has less than native English vocabulary)		
	Very limited English (Can make needs kr vocabulary, 3-4 word sentences)	nown using limited English	
	Receptive English only (Can understand routines of school)	and follow basic commands and	
	Non-English speaker		
	Child is not speaking at this time.		
Fath	ner's first language		
Mot	her's first language		
** P	lease list any pre-existing medical cond	ditions/major allergies below: **	
What pres	Pre-k and K applicants: at support services, if any, has the applicants sently participating in any programs or services. Behavior Management Occupational Therapy ESOL/ESL/EAL (English as an Additional Language)	•	
Parent's S	ignature	Date	