



TYPA Tiger Tots

Waiting List Application

Name of 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: _____

Telephone: (H) _____ (Cel.) _____

Mother's name: _____ e-mail: _____

Company/Work: _____ Position: _____ Tel: _____

Passport Nationality: _____

Father's name: _____ e-mail: _____

Company/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) Fall Spring Starting Year _____

| | |
|---------------|--|
| Tiggers & 2's | 1 st Choice: <input type="checkbox"/> 2 days <input type="checkbox"/> 3 days <input type="checkbox"/> 5 days Hours: <input type="checkbox"/> half-day <input type="checkbox"/> full-day |
| | 2 nd Choice: <input type="checkbox"/> 2 days <input type="checkbox"/> 3 days <input type="checkbox"/> 5 days Hours: <input type="checkbox"/> half-day <input type="checkbox"/> full-day |

| | |
|-----|---|
| 3's | 1 st Choice: <input type="checkbox"/> half-day <input type="checkbox"/> full-day (check one) |
| | 2 nd Choice: <input type="checkbox"/> half-day <input type="checkbox"/> full-day (check one) |

| | |
|------------|---|
| Pre-k or K | <input type="checkbox"/> 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 known using limited English vocabulary, 3-4 word sentences)
- Receptive English only (Can understand and follow basic commands and routines of school)
- Non-English speaker
- Child is not speaking at this time.

Father's first language _____

Mother's first language _____

**** Please list any pre-existing medical conditions/major allergies below: ****

For Pre-k and K applicants:

What support services, if any, has the applicant received? Check if previously or presently participating in any programs or services listed below.

- | | |
|---|--|
| <input type="checkbox"/> Behavior Management | <input type="checkbox"/> Gifted and Talented Program |
| <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Speech/Language Therapy |
| <input type="checkbox"/> ESOL/ESL/EAL (English as an Additional Language) | <input type="checkbox"/> Other |

Parent's Signature _____ Date _____