TYPA Tiger Tots



# Waiting List Application

(School Year 2023-2024)

## Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: 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.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company/Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 | 1st Choice:  2 days  3 days  5 days |
| 2nd Choice:  2 days  3 days  5 days |

|  |  |
| --- | --- |
| 2’s | 1st Choice:  2 days  3 days  5 days Hours:  half-day  full-day |
| 2nd Choice:  2 days  3 days  5 days Hours:  half-day  full-day |

|  |  |
| --- | --- |
| 3’s, 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 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. |

First Language of Parent One \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Language of Parent Two \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\* 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.

 Behavior Management  Gifted and Talented Program

 Occupational Therapy  Speech/Language Therapy

 ESOL/ESL/EAL (English as an Additional Language)  Other

Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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