

Name o	f child:		Gender: M	F	Date of birth	·			
						Month	Date	Year	
Nationa	ationality:Name of sibling in our program:								
					Date of birth	1:			
Address	s (English):					Month	Date	Year ———	
Address	s (Chinese)	):							
Telepho	Telephone: (H) (Cel.)								
Name of Parent 1: e-mail:									
Company/Work:			Position: _		Tel: _				
Passpoi	rt Nationali	ty:							
Name of Parent 2: e-mail:									
Company/Work: F			Position: _		Tel: _				
Passpoi	rt Nationali	ty:							
	•	ime of a person vows you have give				ch you	. (Be	sure	
Name: T				phone	·				
Relation	nship:								
Starting	Semester	(check one)	Fall S	Spring	Starting `	Year			
Tiggers	1st Choice: ☐ 2 days ☐ 3 days ☐ 5 days								
	2 <sup>nd</sup> Choice: ☐ 2 days ☐ 3 days ☐ 5 days								
							_		
2's	1 <sup>st</sup> Choice: ☐ 2 days ☐ 3 days ☐ 5 days Hours: ☐ half-day ☐ full-day								
	2 <sup>nd</sup> Choice: ☐ 2 days ☐ 3 days ☐ 5 days Hours: ☐ half-day ☐ full-day								
3's, Pre	e-k, or K	☐ full-day option	on only						

(School Year: 20\_\_\_\_ - 20\_\_\_)

 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: **								
	g							
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  Occupational Therapy	☐ Gifted and Talented Program ☐ Speech/Language Therapy						
_	ESOL/ESL/EAL (English as an Additional Language)	Other						
ıt'e Çi	anature	Date						

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