

## TYPA Tiger Tots Application Form

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

Name of	f child:	Gender: M	F	Date of birth:			
					Month	Date	Year
Nationality:Name of sibling in our program:							
				Date of birth	ı:		
Address (English):						Date	Year
Address (Chinese):							
Telephone: (H)			(Cel.)				
Name of Parent 1:			_e-mai	il:			
Company/Work: Position:				Tel: _			
Passport Nationality:							
Name of Parent 2:			_e-mai	il:			
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: Tele			ephone	:			
Relationship:							
Starting Semester (check one)							
Tiggers	1 <sup>st</sup> 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					_	
	2 <sup>nd</sup> Choice: 2 days 3 days 5 days Hours: Alf-day full-day						
3's, Pre-k, or K D full-day option only							
<ul> <li>Your will receive a reminder for registration in the mail. If your address or phone number</li> </ul>							

 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, 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.					
Firs	t Language of Parent One					
Firs	t Language of Parent Two					
** P	lease list any pre-existing medical cond	litions/major allergies below: **				
What pres	<b>Pre-k and K applicants</b> : at support services, if any, has the applicar sently participating in any programs or serv Behavior Management Occupational Therapy					
	ESOL/ESL/EAL (English as an Additional Language)	☐ Other				
Parent's Si	ignature	Date				

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