

2301 S. Wentworth Ave
Chicago IL 60616



www.puitakschool.org
Tel: 312.842.8546

Preschool Application Form 幼兒學校申請表

CHILD'S INFORMATION (學童資料)

Child's Name (學生姓名) _____ Gender (性別) _____

Birth Date (出生日期) _____ Birth Place (出生地點) _____

Address (地址) _____

City, state, zip code (郵區號碼) _____ Primary Phone # (電話號碼) _____

Which public school district do you live in? (您現在住在哪一個公立學區?) _____

Previous school attended by your child (If applicable) (貴子女曾就讀過之學校):

Name of School (學校名稱) _____ Dates (就讀日期) _____

Does this child have a sibling (s) enrolled in this school? (是否有兄弟姐妹在本校就讀) Yes (是) No (否)

If yes, please provide the name (s) of the child: (若有, 請提供就讀子女姓名) _____

School Year Applying For (申請學年) _____

Note: The child must be at least 3 years old by September 1st. (注意: 學童在九月一日前必須滿三歲。)

Check all that interest you 請選擇所需項目:

Full Day 全日班, 供午餐 (9:00AM-2:45PM) Morning Session 上午班 (9:00AM-11:30AM)

Before School Care 課前照顧 (7:30 AM) After School Care 課後照顧 (3:00PM-4:30PM)

Before School Care 課前照顧 (8:00 AM) After School Care 課後照顧 (3:00PM-5:30PM)

Ethnicity/Race (種族): Please specify your ethnicity. (請填寫您所屬的種族。)

White (白種人) Black/African American (黑種人/非裔美國人)

Hispanic/ Latino (西班牙裔/拉丁美洲人) Asian (亞洲人)

Native American /American Indian (美洲原居民/美洲印第安人)

Native Hawaiian/other Pacific Islander (夏威夷原居民/太平洋島民)

Other (其他): _____

Primary Language Spoken at Home (在家裡講的語言):

English (英語) Cantonese (廣東話) Mandarin (普通話)

Español (西班牙語) Other (其他) _____

Has your child ever been identified as having an IEP (individualized education plan) or received early intervention services? 貴子女有否收到一份 IEP (個別化教育計劃) 或接受過早期干預服務?

Yes (有) No (沒有)

Does your child have any special needs? (Physical, emotional, academic, etc.).

(貴子女是否在學習上有特殊的需要? (身體、情緒、學習技能、等等。))

Yes (是) No (否)

If yes, please explain 若有, 請說明 _____

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PARENT INFORMATION (父母資料)

Father's Name (父親姓名) _____ Cell Phone # (手提電話號碼) _____
Email Address (電郵) _____ Work Phone # (工作電話號碼) _____
Mother's Name (母親姓名) _____ Cell Phone # (手提電話號碼) _____
Email Address (電郵) _____ Work Phone # (工作電話號碼) _____

Parent's Marital Status (父母親的婚姻狀況):

Single (單身) Married (已婚) Separated (分居) Divorced (離婚) Widowed (寡居)

Is/Are the parent(s) member (s) of any Christian church or organization?

(家長是否任何一個基督教教會或組織的會友?)

Yes (是) _____ No (否)

Church/Organization Name (教會或組織名字)

Annual Household Income (家庭年收入)

Below \$20,000 (\$20,000 以下) \$20,000 – \$39,000 \$40,000 – \$59,000
 \$60,000 – \$79,000 \$80,000 – \$100,000 \$100,000 and above (\$100,000 以上)

Number of people in your household (您的家庭人數): _____

"Household" is defined as the number of people who are listed under your tax return.

家庭人口的定義為您在納稅申報表中所列出的人數。

TUITION PAYMENT PLANS (繳付學費計劃)

Please select a Payment Plan. 請選擇繳付學費計劃。

Annually (一次付清) Semi-annually (分兩次付款) Monthly (按月付款)

Note: An additional \$5.00 admin. fee will be added each month for the monthly payment plan.

注意：按月付款每月另加 5 元行政費。

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OTHER INFORMATION (其他資料)

How did you hear about Pui Tak Christian School? 您是怎樣認識培德基督教學校?

- Friends/Family (親友) Internet (互聯網)
 Advertisement (廣告) Other (其他) _____

Why do you want your child/children to attend Pui Tak Christian School? (您為什麼希望貴子女就讀本校?)

Do you agree to have your child/children taught according to Pui Tak Christian School's Education Philosophy and Statement of Belief? (您是否認同培德基督教學校之教學宗旨和信仰宣言?) Yes (是) No (否)

Parent's Signature (父母簽名)

Date (日期)

OFFICIAL USE ONLY:

Date Application Received _____
Initials _____
Date Entered in System _____
Initials

Assessment Fee Paid Received by: _____ Date: _____

A W R

Remarks:

COB