

2301 S. Wentworth Ave
Chicago IL 60616



www.puitakschool.org
Tel: 312.842.8546

2-Year-Old Toddler Program Application Form 兩歲幼兒學校申請表

Please complete and sign this Application Form and return it to Pui Tak Christian School in person or via email: admissions@puitakschool.org. Please contact us at admissions@puitakschool.org with any questions or concerns.

請填妥並簽署此申請表，透過電子郵件：admissions@puitakschool.org 或親自交回培德基督教學堂。如有任何問題，請透過電子郵件：admissions@puitakschool.org 聯絡我們。

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: _____

Zip code 郵區號碼: _____ Primary Phone No. 電話號碼: _____

Which public school district do you live in? 您現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 (若適用): _____

Does this child have a sibling (s) enrolled in PTCS? 是否有兄弟姐妹在本校就? 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 2 years old by September 1st to enroll in the program. 注意：學童必須在9月1日之前年滿2歲才能參加此計劃。

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 Asian 亞洲人
 Hispanic/ Latino 西班牙裔/拉丁裔 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: _____

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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 received an IEP (individualized education plan) or early intervention services?

貴子女有否接受過 IEP (個別化教育計劃) 或早期干預服務?

- 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: _____

Toilet Training 如廁訓練: Not started 尚未開始 Beginning 剛開始 In Progress 訓練中
 Fully Trained 已完全學會

Diaper type 尿佈類型: Disposable 紙尿褲 Pull-ups 學習褲/拉拉褲 Cloth 布尿褲

Typical schedule 日常排便/更換規律: _____

Eating & Feeding 飲食與餵食

Meals per day 每日正餐數: _____ Snacks per day 每日點心數: _____

Eats independently? 是否能獨立進食? Yes 是 No 否

Uses 習慣使用: Spoon 湯勺 Fork 叉子 Cup 杯子 Bottle 奶瓶

Any choking concerns or feeding issues? 是否有咀嚼/吞嚥困難, 或其他餵食方面的問題?

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Sleep 睡眠習慣

Nap schedule 午睡作息: _____ Average nap length 平均午睡長度: _____

Falls asleep 入睡方式: Independently 自主入睡 With assistance 需人陪伴/協助

Behavior & Social Development 行為與社交發展

Interaction with other children 與其他孩子互動時: Engages 主動參與 Observes 在旁觀察
 Hesitant 較為猶豫

Follows simple directions? 是否能聽從簡單指令? Yes 是 No 否

Typical temperament 常見情緒特質: Easygoing 隨和開朗 Sensitive 敏感細膩 Active 活潑好動

Triggers for distress 容易引起不安的因素:

Comfort items 安撫物:

Communication 語言溝通

Vocabulary level 字彙量程度: Few words 僅能說少數單字 2-3 word phrases 能說 2-3 詞的短句
 Conversational 能進行簡單對話

Understands directions? 是否能理解指令? Yes 是 No 否

Health & Safety 健康與安全

Allergies 過敏史:

Medical conditions 醫療狀況/既往病史:

Comforting techniques used at home 在家常用的安撫技巧:

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PARENT INFORMATION 父母資料

Father's Name 父親姓名: _____ Phone No. 電話號碼: _____

Email Address 電郵: _____

Mother's Name 母親姓名: _____ Phone No. 電話號碼: _____

Email Address 電郵: _____

The information below helps us understand your child's family context, enabling us to better support their growth. This information does not affect admission and will be kept confidential.

以下資料有助於我們了解貴子女的家庭背景，從而幫助我們更有效地支持他們的成長。這些資訊不會影響入學資格，並將嚴格保密。

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) members of any Christian church or organization?

家長是否為任何基督教會或相關機構之會友？

Yes 是，_____ No 否

(Church/Organization Name 教會或機構名字)

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 & above \$100,000 以上

Number of people in your household 您的家庭人口*: _____

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

「家庭人口」的定義為您於納稅申報表中所列出的人數。

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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 administrative 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。*

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

- I would like to start receiving information about Pui Tak Christian School now.

我希望現在就能夠開始收到有關培德基督教學校的資訊。

- I would like to receive information about Pui Tak Christian School after my child is enrolled in the school.

我希望在我的孩子被錄取後才開始收到有關培德基督教學校的資訊。

Parent/Guardian's Name (Print)

父母/監護人姓名 (正楷)

Parent/Guardian's Signature

父母/監護人簽名

Date

日期

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OFFICIAL USE ONLY:

Date Application Received

Initials

Date Entered in System

Initials

Assessment Fee Paid Received by: _____ Date: _____

A W R

Remarks:

COB