**General Information:**

**基本信息**

**Child’s Name孩童姓名:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB出生日期:** \_\_\_\_\_\_\_\_\_\_\_\_

Place of Birth出生地: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex性别: M / F Language语言：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address现在居住地址: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother\Guardian**: 母亲 姓 (Last Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_ \_\_\_ 名 (First Name) \_\_\_\_\_ \_\_\_ \_\_\_\_\_

Home Phone电话号码: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone手机号码: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security#: 社安号： \_\_\_\_ -- -- \_\_\_ \_\_\_\_\_\_\_

Employer工作： \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Work Phone工作电话: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Address工作地址: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father\Guardian**: 父亲 姓 (Last Name) \_\_\_\_\_ \_\_ \_ 名 (First Name) \_\_\_\_ \_

Home Phone电话号码: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone手机号码: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security#: 社安号： \_\_\_\_ -- -- \_\_\_\_ \_\_\_\_\_\_

Employer工作： \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Work Phone工作电话: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Address工作地址: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Following question please check one 以下问题请选择。**

1. Sibling Priority 兄弟姐妹入學優先權 YES / NO

 If yes, please fill in below 如果Yes 请在下面填写

 Sibling Name兄弟姐妹的姓名：

 Current school现在就读的学校 Little Bell Childcare小铃铛 / G & T Childcare 小博士

1. Did your child has IEP service 你的孩子有没有IEP服务 YES / NO

 if yes, you will need to provide a copy of document when you been selected by our program,

 如果是yes，在你被录取后学校会要求你提供一份复印件给我们学校。

1. Is this child having ACS service孩子是否有ACS服务 YES / NO

**I have fully read and understand the above statement and sign我已详细阅读和理解以上声明并签名**

**Parent/guardian’s signature家长签名: Date日期:** .