

2301 S. Wentworth Ave
Chicago IL 60616



www.puitakschool.org
Tel: 312.842.8546

Preschool Application Form 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 address: 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, 並親自或透過電子郵件地址: admissions@puitakschool.org 交回培德基督教學校。如有任何問題, 請透過電子郵件地址: 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 _____
City, state, zip code 郵區號碼 _____ Primary Phone # 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:

Name of School 學校名稱 _____ Dates Attended 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:

- Preschool 幼兒班 - 9:00 a.m.-2:45 p.m. (Lunch is provided. 供午餐)
 Before School Care 課前照顧 - 7:30 a.m. After School Care 課後照顧 - 3:00 p.m.-4:30 p.m.
 Before School Care 課前照顧 - 8:00 a.m. After School Care 課後照顧 - 3:00 p.m.-5:30 p.m.

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 _____

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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 _____

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

This 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.

這有助於我們了解您孩子的家庭背景, 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。

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 & 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。

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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 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。

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 (請寫正楷)

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