Watchdog Early Education Centre
監護者早期教育中心

FOR OFFICIAL USE ONLY 此欄由本中心填寫	
Received Date	Cash /Cheque No. (package application only)

Application Form for Admission 服務申請表
(Completed by Parents or Guardian 請由家長或監護人填寫)

Preferred Location& indicate priority 1,2 etc. 請註明優先選擇的中心地點:
☐ HK Centre 香港中心 : ☐ Weekday 平日 ☐ Saturday 星期六
☐ Jordan Centre 佐敦中心 : ☐ Weekday 平日

CHILD'S PHOTO
兒童近照

Please indicate priority 1,2 of selected programme/ in the ☐ 請以優先次序 1,2 選擇課程

☐ Self-financed Package Programme (Individual/Group: 1-day / 2-day / 5-day Training Package)
自費全方位學前訓練（個別 /小組: 一日訓練課程 / 兩日訓練課程 / 五日訓練課程）

☐ Private Therapy 自費治療服務：
☐ Mon to Fri Individual Therapy 星期一至五 個別治療
☐ Saturday Programme [HK Centre only] 星期六訓練課程 (只限香港中心）

Please ☑ language preferred for training 選擇訓練語言: ☐ ENGLISH 英文 / ☐ CHINESE 中文

CHILD'S NAME 兒童姓名	ENGLISH 英文 (same as birth cert.與出世紙相同)	CHINESE 中文	BIRTH CERT.# 出生證明書號碼	
DATE OF BIRTH 出生日期	dd/mm/yyyy 日／月／年	AGE 年齡	SEX 性別	
NATIONALITY 國籍	EMAIL 電郵	HOME TEL 家居電話	FAX 傳真	
ADDRESS 地址		DIAGNOSIS 診斷		
MAIN CAREGIVER 主要照顧者	MAIN LANGUAGE SPOKEN 主要語言	OTHER LANGUAGE(S) 其它語言		
PLEASE STATE ALL PRESENT SCHOOLING/ 請列出現在就讀的所有學校	☐AM class 上午班 School name 學校名稱			
	☐PM class 下午班 School name 學校名稱			
	☐Whole day class 全日班 School name 學校名稱			

PREVIOUS SCHOOLING / TRAINING HISTORY 過往的上學 / 訓練服務

FAMILY MEMBERS NAME & RELATION 家庭成員姓名及關係	AGE 年齡	OCCUPATION 職業/SCHOOL 學校	OFFICE TEL./ MOBILE 辦公室電話/手機

Please "√" the service(s)/training you would like to apply 請 "√" 出選擇申請之服務/訓練: **(For Private Program 適用於申請自費訓練課程)**

☐ Social Skills Group 社交技巧小組訓練	☐ Speech Therapy 言語治療 ST	☐ Occupational Therapy 職業治療 OT	☐ Special Needs Teacher's Training 特殊老師訓練 SEN	☐ Psycho-educational Assessment 心理教育評估
☐ African Drum Group [Social] 非洲鼓小組[社交]	☐ Music Therapy 音樂治療 MT	☐ Physiotherapy 物理治療 PT	☐ ABA (Applied Behavioral Analysis) 系統性應用行為分析治療	☐ Diagnostic Assessment 診斷性評估

Medical/ Health History 醫療/健康記錄 Any diseases, injuries, unexplained high fever, surgery, etc.請列出任何疾病、受傷、不明高燒、手術等

Date of last physical examination	Date 日期	Age 年齡	Severity & Effects 嚴重和受影響程度

Medication 用藥 | Allergy (pls specify) 敏感 (請註明)

Other significant information (e.g. Asthma, food/sleep issues, special diet, etc.) 其他重要情況 (哮喘、進食、睡覺、戒口等) 。

Medical Referral Letter Attached 醫生轉介信: Yes / No 有/沒有 For insurance claim please provide diagnosis for receipt 如需保險索償, 請列明醫生斷症 。

Please list out all areas of concern regarding your child (use separate sheet if so necessary). 請列出你關注或擔心的項目。（如有需要，請另加紙張）

Please tell us your child's strengths. 請說出小孩的強項。

Please list out your child's reinforcers (e.g., favorite toys, activities, etc.). 請列出小孩所喜愛的東西（包括玩具／遊戲等)。

Please list out child's dislikes (i.e.. any toys, activities, noises that your child is scared of). 請列出有什麼是令小孩有不安(包括玩具／活動／聲音等)。

Do you find coping with your child stressful (e.g. scheduling, tantrums, family issues, etc)? 你在照顧小孩方面感到壓力嗎?(包括時間安排/ 發脾氣/ 家庭方面的情況等) 。
MANAGEABLE 可處理【 】OCCASIONALLY 間中【 】YES 感壓力【 】 Please specify 請列出 _____

Have you applied the Disability Allowance for the child? YES / NO. If YES, please indicate the amount HK$_____
現時有否申請弱能津貼？ 有 / 沒有 ，如有,請填上獲批金額 _____元

Have you ever applied for the Government/SWD Pre-school Rehabilitation Service? 曾否申請政府/社會處學前兒童康復服務? 有 / YES【 】 沒有 / NO【 】
☐Early Education Training Centre (EETC) 早期教育及訓練中心 ☐Special Child Care Centre (SCCC) 特殊幼兒中心
☐On-site Pre-school Rehabilitation Services (OPRS) 到校學前康復服務 ☐ Training Subsidy Programme (TSP) 為輪候資助學前康復服務的兒童提供學習訓練津貼(學津)
☐Integrated Programme in Kindergarten-cum-Child Care Centre (IP in KG-cum-CCC) 幼稚園暨幼兒中心兼收計劃

General Behaviour 一般行為 (Please √ or * delete as appropriate) (請在適當位置填 √ 或 *請刪去不適合的部份)

Attentive 專注	☐ Seldom 甚少	☐ Sometimes 有時	☐ Always 經常
Able to remain seated 能安坐	☐ Seldom 甚少	☐ Sometimes 有時	☐ Always 經常
Emotionally Stable 情緒穩定	☐ Seldom 甚少	☐ Sometimes 有時	☐ Always 經常
Socially Appropriate Behaviors 合宜社交行為	☐ Seldom 甚少	☐ Sometimes 有時	☐ Always 經常

Feeding 進食
□ Fed by adult 成人餵食
□ Finger feeding 用手拾起食物自己進食
□ Self feeding by spoon 自行用羹進食 _____ (age/年齡)
□ Self feeding by chopsticks 自行用筷子進食 _____ (age/年齡)
□ Drink with cup 自己用杯飲 _____ (age/年齡)

Toileting 如廁
□ Wet/soil 需用尿片
□ Indicate needs 能表達需要
□ Trained 自行如廁

Comprehension 理解
□ Able to understand verbal instructions 能明白口頭指示
□ Able to understand simple commands 能明白簡單指示

Expression 表達
□ Babble and coo during the 1st ten months 在初生十個月發出牙牙學語
□ Can express with gesture 能用動作表達
□ Can express with single words 能用單字表達 _____ (age/年齡)
□ Can express with short phrases 能用短句表達 _____(age/年齡)

Ambulatory Status 行動模式
□ Totally dependent 需完全依賴成人
□ Able to crawl from 能爬行 _____(age/年齡)
□ Able to sit up alone 能獨立坐好 _____(age/年齡)
□ Able to walk with assistance 能在輔助下走路
□ Able to walk independently 能自己走路 _____(age/年齡)

Fine motor 小手肌
□ Able to draw *straight-line / horizontal line / circle / triangle
* 能畫直線／橫線／圓圈／三角型
□ Able to draw face 能畫面孔
□ Able to use scissors 能用剪刀

Developmental Factors 成長中因素

Mother's health during Pregnancy 母親懷孕期: Excellent 很好 / good 一般 / poor 多問題發生	Gestation 懷孕期:
Delivery 出生: Normal 正常 / Premature 早產 / Prolonged 延長 / Caesarean Section 開刀	
Incubation after birth 出生後住箱: Yes 是 / No 否; Duration 日數:_____	Phototherapy for Jaundice 因黃而照燈: Yes 是 / No 否; Duration 日數:
Normal in weight 正常增磅: Yes 是 / No 否	Normal in height 正常增高: Yes 是 / No 否
Age for bowels control 控制大便的年齡:	Age for controlling bladder 控制小便的年齡:
Prefer play 玩耍時選擇: Alone 獨自 / with others 與他人一起	
Prefer to play with 與他人一起玩耍時寧選擇: Younger children 較小兒童 / same age children 同齡兒童 / older children 較大兒童	
Hearing Tested 聽覺測試: Yes 是 / No 否	Vision Tested 視覺測試: Yes 是 / No 否

Note on personal data privacy 個人資料聲明
I give consent to Watchdog Centre to retain above data and interview contents on file and to make available such information to relevant personnel.本人願意將以上資料和會見時所提供之資料存檔及供有關之負責此個案職員查閱。

Date (dd/mm/yyyy) 日期(日/月/年) _____ Parent's Signature 家長簽署

Remarks 備註:
1) Please attach a non-refundable application fee of HK $200. **(for Self-financed Package Programme ONLY)** payable to 'Watchdog Limited'. 申請需繳付 200.元的手續費, 支票枱頭請填'Watchdog Limited' (只適用於自費全方位學前訓練)。
2) Please attach a copy of birth certificate and most recent relevant documents / medical and assessment reports. 請付上出生證明書、醫療及評估報告副本和相關文件。
We will inform you on the outcome of this application as soon as possible through email or phone call. 有關申請結果中心將會盡快透過電郵或電話通知閣下。

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Remarks	Intake Date	Staff Involved	
CRSPS #	Referrer	File #	Tel
Admission Status	Admitted ☐ Admission Date	On Wait list ☐	