



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

## Summer Program Application Form 2022 暑期課程報名表

FOR OFFICIAL USE ONLY 此欄由本中心填寫			
Application Received Date:	Payment received Date:		
	Bank in	Cheque #	Needs Receipt

Application Date 申請日期: \_\_\_\_\_

Child's name: \_\_\_\_\_ (兒童姓名: \_\_\_\_\_) age 年齡: \_\_\_\_\_

Contact No 聯絡電話: \_\_\_\_\_ email 電郵: \_\_\_\_\_

\* Please tick as appropriate 請在適當地方加 ✓

\*Child from 就讀於: ☐ HK Centre 香港中心 ☐ Jordan Centre 佐敦中心

☐ Government subsidized EETC program ☐ Self-financed Package Program ☐ Training Subsidy Program (TSP)

☐ Private/Saturday program ☐ Ex-Watchdog program ☐ Regular program in September 2022

☐ On-Site Pre-School Rehabilitation Services (OPRS) ☐ Others : Non-Watchdog students (Please also fill in Form 2 )

Course Code 課程編號	Course Name 課程名稱	Date 日期	Time 時間	Instructor 導師	Fee 費用
Total 合計:					

Registration 報名: First come first serve 先到先得

Enquiry 查詢: \_\_\_\_\_

Jordan Centre 佐敦中心: No.4 Jordan Road, Kowloon 九龍佐敦道 4 號

Tel 電話: 2377 9666 Fax 傳真: 2377 9066

Viola Wu, Center In-Charge 中心主任 胡女士 Email 電郵: [viola@watchdog.org.hk](mailto:viola@watchdog.org.hk)

If space is available, a confirmation email and an invoice will be issued to you. Please submit fees by crossed cheque payable to "Watchdog Ltd" to Administrative Secretary Ms Abby Tam (Jordan Centre). 如獲取錄, 將收到確認電郵及學費單, 請把學費以劃線支票 (抬頭: Watchdog Ltd) 交予行政秘書 Abby Tam (佐敦)。

Program fees should be paid within the 7 days after receiving the confirmation email, otherwise, your place will be given to others on the waiting list. All fees are non-refundable. 學費必須在收到確認電郵的七天內繳交, 否則空缺將由候補名單代替。一切已繳交費用將不獲退還。

### Rules for make-up and cancellation of sessions 補課及取消課堂指引

#### • Group Sessions 小組訓練

- o No make-up or refund can be provided (including sick leave/cancellation due to the bad weather) 不設補課或退款(包括病假及因天氣原故取消課堂)

#### • Individual Sessions 個別訓練

Make up or refund will be arranged based on the criteria stated below 訓練將根據下列有關條款作出補課或退款:

- o Teacher / therapist sick or away 老師 / 治療師病假或事假

- o Child takes sick leave 學童病假

1) MUST notify the center before 9:00am PLUS a medical certificate, otherwise, no make-up & no refund 必須於早上 9:00 前通知本中心及後補醫生紙

2) Medical Certificate must be submitted within 7 days after child has taken sick leave. Valid medical certificate should be issued on the day of the sick leave or for a maximum of 3 days before sick leave. 必須於 7 日內提交有效之醫生紙, 醫生紙須為病假當日或最多三日前發出

- o Cancellation due to weather condition 因惡劣天氣取消課程

Cancellation due to weather conditions (e.g. typhoon No. 3 or 8 and Red/Black Storm Warning), session will be made up or refunded. All refunds will be given after completion of the summer program. 若因天氣緣故取消課堂 (例如: 3 或 8 號颱風、紅色或黑色暴雨), 將獲補堂或退款。所有退款需待暑期活動結束後才進行

# FORM 2: Non Watchdog Student please fill in this form 表格二:非監護者學生必須填寫此表格

 <b>Watchdog</b> 監護者 Early Education Centre 早期教育中心		<b>FOR OFFICIAL USE ONLY 此欄由本中心填寫</b>					
		Application Date 申請日期			Application Received Date 表格郵戳日期		
<b>Must be completed by Parents or Guardian 必須由家長或監護人填寫</b>  Preferred Location& indicate priority 1,2 etc. 請註明優先選擇的中心地點: <input type="checkbox"/> HK Centre 香港中心 <input type="checkbox"/> Jordan Centre 佐敦中心  Please <input checked="" type="checkbox"/> language preferred for training 選擇訓練語言: <input type="checkbox"/> ENGLISH 英文   / <input type="checkbox"/> CHINESE 中文							CHILD'S PHOTO  兒童近照
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		D / M / Y 日 / 月 / 年	AGE 年齡		SEX 性別		NATIONALITY 國籍
EMAIL 電郵						CONTACT NUMBER 聯絡電話	
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			
PRESENT SCHOOL/ GRADE 現就讀學校名稱/年級							
PRESENT TRAINING 現時接受的訓練服務							
PREVIOUS SCHOOLING / TRAINING HISTORY 過往的上學 / 訓練服務							
FAMILY MEMBERS 家庭成員		AGE 年齡		OCCUPATION 職業/SCHOOL 學校		OFF. Tel/ Mobile 辦公室電話/手機	
Others 其他, 請列明:							
<b>Medical/ Health History 醫療/健康記錄</b> 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 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):							
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。( 如果需要, 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). 有什麼玩具 / 活動/聲音等令小孩感不安? 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【   】  <input type="checkbox"/> Early Education Training Centre (EETC) 早期教育及訓練中心 <input type="checkbox"/> Special Child Care Centre (SCCC) 特殊幼兒中心 <input type="checkbox"/> On-site Pre-school Rehabilitation Services (OPRS) 到校學前康復服務 <input type="checkbox"/> 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) <input type="checkbox"/> 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			
<b>General Behaviour 一般行為</b> (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	<input type="checkbox"/> Seldom 甚少	<input type="checkbox"/> Sometimes 有時	<input type="checkbox"/> Always 經常
Able to remain seated 能安坐	<input type="checkbox"/> Seldom 甚少	<input type="checkbox"/> Sometimes 有時	<input type="checkbox"/> Always 經常
Emotionally Stable 情緒穩定	<input type="checkbox"/> Seldom 甚少	<input type="checkbox"/> Sometimes 有時	<input type="checkbox"/> Always 經常
Socially Appropriate Behaviors 合宜社交行為	<input type="checkbox"/> Seldom 甚少	<input type="checkbox"/> Sometimes 有時	<input type="checkbox"/> Always 經常
<b>Feeding 進食</b> <input type="checkbox"/> Fed by adult 成人餵食 <input type="checkbox"/> Finger feeding 用手拾起食物自己進食 <input type="checkbox"/> Self feeding by spoon 自行用羹進食 _____ (age/年齡) <input type="checkbox"/> Self feeding by chopsticks 自行用筷子進食 _____ (age/年齡) <input type="checkbox"/> Drink with cup 自己用杯飲 _____ (age/年齡)	<b>Toileting 如廁</b> <input type="checkbox"/> Wet/soil 需用尿片 <input type="checkbox"/> Indicate needs 能表達需要 <input type="checkbox"/> Trained 自行如廁		
<b>Comprehension 理解</b> <input type="checkbox"/> Able to understand verbal instructions 能明白口頭指示 <input type="checkbox"/> Able to understand simple commands 能明白簡單指示	<b>Expression 表達</b> <input type="checkbox"/> Babble and coo during the 1 <sup>st</sup> ten months 在初生十個月發出牙牙學語 <input type="checkbox"/> Can express with gesture 能用動作表達 <input type="checkbox"/> Can express with single words 能用單字表達 _____ (age/年齡) <input type="checkbox"/> Can express with short phrases 能用短句表達 _____ (age/年齡)		
<b>Ambulatory Status 行動模式</b> <input type="checkbox"/> Totally dependent 需完全依賴成人 <input type="checkbox"/> Able to crawl from 能爬行 _____ (age/年齡) <input type="checkbox"/> Able to sit up alone 能獨立坐好 _____ (age/年齡) <input type="checkbox"/> Able to walk with assistance 能在輔助下走路 <input type="checkbox"/> Able to walk independently 能自己走路 _____ (age/年齡)	<b>Fine motor 小手肌</b> <input type="checkbox"/> Able to draw *straight-line / horizontal line / circle / triangle * 能畫直線 / 橫線 / 圓圈 / 三角型 <input type="checkbox"/> Able to draw face 能畫面孔 <input type="checkbox"/> Able to use scissors 能用剪刀		
Hearing Tested 聽覺測試:      Yes 是/      No 否	Vision Tested 視覺測試:                      Yes 是/      No 否		
<b>Note on Personal Data Privacy 個人資料聲明</b> I give consent to Watchdog Centre to retain above data on file and to make available such information to relevant personnel. 本人願意將以上有關資料給予中心存檔並供有關之負責此個案職員查閱。			
Parent's Signature 家長簽署 _____			
<i>*Remarks: Non Watchdog existing children, please attach any medical / assessment reports available for our reference.</i> 備註:非現時於監護者就讀的兒童·請連同有關醫療/評估報告與報名表一併遞交·以供參考。			