

Watchdog Early Education Centre 監護者早期教育中心 Summer Program Application Form 2023 暑期課程報名表

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

Application D	ate 申請日期:				ank Cheque # n	Need Rece	
			性名:) age 年齡:			
	終電話:						
* Please tick as * Child fro ☐ Govern ☐ Private	s appropriate 請在適當地方加 v om 就讀於: □HK Centre ment subsidized EETC program /Saturday program □ Ex-W e Pre-School Rehabilitation Se	香港中心 □Jordan m □ Self-financed Packa /atchdog program □ Reg	I Centre 佐敦中心 Ige Program □ Training S gular program in September	ubsidy Program (TSP) 2023			
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	:		
Enquiry 查詢: HK Centre 香港中	First come first serve 先到先得 心:G/F No.12, Borrett Road, HK ial Worker 社工 曾姑娘 Em			真: 2522 0734			
Viola Wu, Center I If space is availab Administrative Sec	收中心: No.4 Jordan Road, Kowloo n-Charge 中心主任 胡女士 ole, <u>a confirmation email and a</u> cretary Ms Pinky Law (HK Centre) 子行政秘書 Pinky(香港中心)或	Email 電郵: <u>viola@watchdo</u> <u>n invoice</u> will be issued to y / Ms Abby Tam (Jordan Centr	g.org.hk you. Please submit fees by cro	ossed cheque payable			
Program fees shound non-refundable.	Ild be paid within the 7 days after 學費必須在 <mark>收到確認電郵</mark> 的七				the waiting list. <u>All</u>	fees are	
Group Session No make-u Individual Ses Re-arrangeme	p or refund can be provided (inclu	iding sick leave/cancellation d	,	•			
	herapist sick or away 老師 / 冶》 sick leave 學童病假	泉训伪识义争阪					

- 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病假前/後三日內發出 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

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

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

Must be completed by Parents or Guardian 必須由家長或監護人境高 Peterred Location®, Indicate priority 1,2 etc. 記手師優先環情的中心地数:			FOR OFFICIAL USE ONLY 此欄由本中心填寫							
Preferred Location & Indicate priority 1,2 etc. In its under the indicate provide diagnosis for receipt 如用导致	Early Education Centre				olication Receive					
Preferred Location & Indicate priority 1,2 etc. 孫註明後先經歷的中心地話:	Must be complet	ad by Darants a	r Guardian 11X 2	百山宏匡武图	= 業人情官			<u> </u>		
HK Centre 高港中心										
PRESENT TRAINING 观转接受的訓練服務 FAMILY MEMBERS 來庭成員 AGE 年龄 OCCUPATION 職業/SCHOOL 學校 OFF. Tel/ Mobile 鄭公室電話/手1 Date 日期 AGE 年龄 OCCUPATION 職業/SCHOOL 學校 OFF. Tel/ Mobile 鄭公室電話/手1 Date 日期 AGE 年龄 OCCUPATION 職業/SCHOOL 學校 OFF. Tel/ Mobile 鄭公室電話/手1 Date 日期 AGE 年龄 OCCUPATION 職業/SCHOOL 學校 OFF. Tel/ Mobile 鄭公室電話/手1 Date 日期 AGE 年龄 OCCUPATION 職業/SCHOOL 學校 OFF. Tel/ Mobile 鄭公室電話/手1 Date 日期 AGE 年龄 OCCUPATION 職業/SCHOOL 學校 OFF. Tel/ Mobile 鄭公室電話/手1 Date 日期 Age 年龄 OCCUPATION 職業/SCHOOL 學校 OFF. Tel/ Mobile 鄭公室電話/手1 Date 日期 Age 年龄 Severity & Effects 雇业和受影管程度 Medical/ Health History 警察/健康配達 And Gaseses, Injuries, unexplained high fever, surgery, etc. 該利出任何疾病、受傷、不明氣傷、干孢草 Date 日期 Age 年龄 Severity & Effects 魔里和受影管程度 Medical information (e.g. Asthma, food/sleep issues, special diet, etc.): 其他重要情氛(呼略、难食、险美、戒口等): For insurance claim please provide diagnosis for receipt 如兩保險家僕、義列明醫生新症: Please list out all areas of concern regarding your child (use separate sheet if so necessary)				心地點:	心地點:		С	CHILD'S PHOTO		
Remail 中	Please ☑ language	preferred for trair	ning 選擇訓練	語言: ロ ENGLI	SH 英文	/ CHINESE	中文		兒童近照	
DATE OF BIRTH 出生日期 日 /月 /年 年齢 野紅田										
世生日期 日 / 月 / 年 年齢 性別 医籍 EMAIL 電郵 ADDRESS 地址		ENGLISH 英文 (same as birth cert.與出世紙相同) CHINES				ESE 中文 BIRTH (RT.出生證明書號碼		
	_									
MAIN CAREGIVER 主要照顧者 SPOKEN 主要語言 PRESENT SCHOOL/ GRADE 現就讀學校名福/年級 PRESENT TRAINING 現時接受的訓練服務 PREVIOUS SCHOOLING / TRAINING HISTORY 猶往的上學 / 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/手柱 Others 其他, 請列明: 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、不明意嫌、手順等 Date 日期 Age 年齡 Severity & Effects 嚴重和受影響程度 Medication 用藥: Allergy (pis specify) 敏感 (請註明): Other significant information (e.g. Asthma, food/sleep issues, special diet, etc.):其他重要情况(哮喘、难食、睡覺、戒口等): For insurance claim please provide diagnosis for receipt 如陽保險素價,請列明醫生斷症: Please list out all areas of concern regarding your child (use separate sheet if so necessary)	EMAIL 電郵								BER	
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		produce un		E - Seetin Miliws	, HG/37					
The same of the sa					e sheet if so	necessary)				

Please tell us your child's strengths. 請說出小孩的強填:					
Please list out your child's rein forcers (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 chil	d is scared of)				
有什麼玩具 / 活動/聲音等令小孩感不安 ? 請列出:	a is search oil.				
Have you applied the Disability Allowance for the child? YES / NO. If YI 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	n Service? 曾否申請函	改府/社會處學前兒童康復朋	设務 ?		
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技	是供學習訓練津貼(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 V or * delete as appropriate) (副	善	**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			
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 □ Self feeding by chopsticks 自行用筷子進食	Toileting 如廁 □ Wet/soil 需用。 □ Indicate needs □ Trained 自行如	能表達需要			
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 d 學語	uring the 1 st ten months 在	初生十個月發出牙牙		
	□ 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				
Hearing Tested 聽覺測試: Yes 是/ No 否	Vision Tested 視覺	則試: 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 on file and to mak 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		mation to relevant personne	l.		
*Remarks: Non Watchdog existing children, please attach any medical / assessme	nt reports available for o		gnature 家長簽署		

^{*}Remarks: Non Watchdog existing children, please attach any medical / assessment reports available for our reference. 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。