



Received by: _____ Date: _____

MISSION CHILD CARE CONSORTIUM, INC.**4750 Mission Street, San Francisco, CA 94112****電話: (415) 586-6139 傳真: (415) 586-2339**

非歧視政策 VI 機會和平等教育取向。Mission Child Care Consortium, Inc. 是平等機會的僱主。中心不會基於性、性取向、性別、民族、身份、種族、血統、國籍、宗教信仰、膚色、心理狀態或身體障礙而歧視符合服務資格者。Mission Child Care Consortium, Inc. 在僱用員工方面實行不歧視和平權行動的政策，及不因性、性取向、性別、民族、身份、種族血統、國籍、宗教信仰、膚色、心理狀態或身體障礙而歧視符合資格者。

PRE-REGISTRATION FORM FOR CHILD DEVELOPMENT PROGRAM**兒童發展計劃預先申請表**

If possible, please use English to answer questions, including all names and signatures.

如果可能的話，請用英文填寫您的答案，包括所有的姓名和簽名。

Date (日期): _____

Child's Name (孩子的姓名): _____

Birth Date (出生日期): _____

Sex(性別):

F (女) ☐M (男) ☐

Father's Name (父親的姓名): _____

Home # (家庭電話號碼): _____

Cellphone # (手提電話號碼): _____

Work # (工作電話號碼): _____

Email (電子郵件): _____

Occupation (職業): _____

Mother's Name (母親的姓名): _____

Home # (家庭電話號碼): _____

Cellphone # (手提電話號碼): _____

Work # (工作電話號碼): _____

Email (電子郵件): _____

Occupation (職業): _____

Marital Status (婚姻狀況):

Single (單身) ☐Married (已婚) ☐Divorced (離婚) ☐Separated (分居) ☐Widow (寡婦) ☐Not Married but living together (未結婚，但共同居住) ☐

Home Address (家庭地址): _____

Did your child attend a prior preschool/Home Day Care (您的孩子是否以前參加過學前班/家庭白天托兒)?

Yes(是) ☐ No(否) ☐ If you marked yes, please name the school and explain: (如果您選擇是，請寫學校名並解釋): _____Has your child received an IEP/IFSP (您的孩子是否收到 IEP/IFSP)? Yes (是) ☐ No (否) ☐In Process (處理中) ☐ If yes, please provide documentation (如果是，請提供文件)Are you in Training or School (您在培訓或上學嗎)? Yes (是) ☐ No (否) ☐Are you receiving Child Support (您是否收到子女撫養費)? Yes (是) ☐ No (否) ☐Are you receiving Food Stamp or CalFresh (您是否收到食物券/或食品印章)? Yes (是) ☐ No (否) ☐

Is your family under, CPS (Child Protective Services) or At Risk? (您的家庭處於 CPS (兒童保護服務) 或風險下嗎)?

Yes (是) ☐ No (否) ☐

Are you currently on Incapacity or considered Incapacitated (您目前是否喪失能力或被視為喪失能力)?

Yes (是) ☐ No (否) ☐

Is your family receiving AFDC, SSI or SSP (您的家庭是否收到 AFDC, SSI 或 SSP)?



Yes (是) ☐ No (否) ☐ Medical Number (醫療號碼): _____

If you are not working or going to school are you seeking employment? (如果您不上班或上學, 您是否在尋找工作)?

Yes (是) ☐ No (否) ☐

Are you seeking permanent housing? (您在尋找永久居所嗎)? Yes (是) ☐ No (否) ☐

Father's Employer (父親的雇主)

Employer's Address (雇主的地址)

If employed, I receive income by: Company check, Cash, or Personal check (please check what applies to you). (如果被雇用, 我通過以下方式獲得收入: 公司支票, 現金或個人支票: 請選擇適用於您的情況。)

☐ Company Check (公司支票)

☐ Cash (現金)

☐ Personal Check (個人支票)

Mother's Employer (母親的雇主)

Employer's Address (雇主的地址)

If employed, I receive income by: Company check, Cash, or Personal check (please check what applies to you). (如果被雇用, 我通過以下方式獲得收入: 公司支票, 現金或個人支票: 請選擇適用於您的情況。)

☐ Company Check (公司支票)

☐ Cash (現金)

☐ Personal Check (個人支票)

Other children (其他孩子)? Yes (是) ☐ No (沒有) ☐

If yes, name/s, date/s of birth and School/s (如果是, 請寫明姓名, 出生日期和學校名):

Name (姓名)	Date of Birth(出生日期)	School (學校)

Other members of the household (其他家庭成員)?

Yes (是) ☐ No (沒有) ☐

Name (姓名)	Relationship (關係)	Telephone (電話)



ENROLLMENT AND ELIGIBILITY REQUIREMENTS CHECK LIST

注册和资格要求检查表

NOTE (注意): Due to the Hands-Free Policy, a child must be completely toilet-trained to be enrolled at the Mission Child Care Consortium Inc. A child needs to be able to assist him/herself in taking care of their toileting needs. Please attach a copy of the following. (根據“免手”政策，兒童必須經過完整的廁所培訓才能入學。在 Mission Child Care Consortium, Inc 孩子需要能够幫助自己照顧如廁需求。請附上以下檔案的副本。)

Yes (是) ☐ No (否) ☐

☐ **Your child and his/her siblings Birth Certificates**
(您的孩子及其兄弟姐妹的出生證明)

☐ **Physician's Report Form and Most Updated Immunization Record**
(醫生報告錶和最新免疫記錄)

☐ **Proof of Residency (住址證明)**

☐ **A Copy of any proof of Residency such as PG&E, Water, Cable TV, Garbage, Home Telephone, Lease Agreement** (任何住址證明的副本，如電費單/ PG &E,水費單，有線電視單，垃圾單，家庭電話單，租約協議)。

*Please see 4th page for further information on documents needed.

*請參閱第 4 頁，有關所需文件的更多資料。

Father/Legal Guardian/Grandparent Signature
(父親/法定監護人/祖父母簽名)

Date
(日期)

Mother/Legal Guardian/Grandparent Signature
(母親/法定監護人/祖父母簽名)

Date
(日期)