



**Asia Pacific Language School**

*A Non-Profit Organization Since 1995*

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Bellevue, WA 98007

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## APLS Learning Center

### ENROLLMENT APPLICATION

Child's Name

\_\_\_\_\_ Last First Middle

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Years \_\_\_\_ Months Gender: Male / Female

Resisted classes & Days (Please circle):

Chinese AM class  
English AM class  
Japanese AM class  
Whole Day Care

Chinese PM class  
English PM class  
Japanese AM class

Extended hour care (8am-9am)  
Extended hour care (12pm-1:30pm)  
Extended hour care (4:30pm-5:30pm)

Monday / Tuesday / Wednesday / Thursday / Friday

Starting date: \_\_\_\_\_

Termination date: \_\_\_\_\_

#### Contact Information:

##### Contact #1

Mother / Father / Guardian (Please circle one)

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Employer \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Email \_\_\_\_\_

##### Contact #2

Mother / Father / Guardian (Please circle one)

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Employer \_\_\_\_\_

Business Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Email \_\_\_\_\_

If parents or guardian cannot be reached, please identify persons whom we may contact and who may pick up your child

Name of Contact

Phone Number

Relationship to child

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

**Personal History:**

The following information will be beneficial to the director and teachers to be effective in dealing with some problems and situations as they arise.

Previous childcare experience (Please circle)    Preschool / Daycare Center / Church School / Home Daycare / Montessori / None

Is your child fully toilet trained?    Yes / No

What is your child's first language?    Chinese / English / Japanese / Others \_\_\_\_\_

What is the language spoken at your home?    Chinese / English / Japanese / Others \_\_\_\_\_

What are some your child's talents and strengths? \_\_\_\_\_

What are some your child's favorite activities? \_\_\_\_\_

What are your child's fears? \_\_\_\_\_

Who disciplines your child at home? \_\_\_\_\_

What methods are used at home? \_\_\_\_\_

Are there any behaviors that you would like us to watch for?    Yes / No    If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Is there other information that you would like to share with us about your child? \_\_\_\_\_

\_\_\_\_\_

**Names, addresses, and phone numbers of person (s) permitted to pick up your child from APLS Learning Center.**

(1)    Name \_\_\_\_\_    Phone \_\_\_\_\_  
      Address \_\_\_\_\_    Relationship \_\_\_\_\_

(2)    Name \_\_\_\_\_    Phone \_\_\_\_\_  
      Address \_\_\_\_\_    Relationship \_\_\_\_\_

(3)    Name \_\_\_\_\_    Phone \_\_\_\_\_  
      Address \_\_\_\_\_    Relationship \_\_\_\_\_

**Photography Release**

I give APLS Learning Center permission to photograph my child for the use of classroom and/or school displays.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**Non-discrimination statement:**

The **Asia Pacific Language School** admits students of any race, to all the rights, privileges, and activities generally accorded or made available to students at the school. We do not discriminate on the basis of race, in administration of our educational policies, admission policies, scholarship and loan programs, and administered programs.