AppleKids Registration Form

Section 1				
Child's Name	:	Date of Birth:	Gend	der: M / F
Home Addres	SS:			
Section 2				
Parents' Nam	e:	Email:		
Parents' Mob	ile Phone:	Kakao	Talk ID:	
Section 3				
Attendance:	Everyday 3 day	ys 2days _	1day	_ Per Week
Time: USA :	4pm / 6pm / 8pm (LA Pa	cific standard time)	Korea: 9am / 11	am / 1am
Desired Class Time (including nation and place):				
Section 4 / D)evelopment			
Language(s) Spoken at Home				
Your child's English Level: Beginner Intermediate Advance				
Do you have	any concerns about your o	child's development?	Yes No	
Hearing	Vision Language	Gross Motor Fine	Motor Social _	Other

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Section 5 / Social and Emotional Development				
Is your child currently in Kindergarten? Yes No				
Is your child comfortable in group situations? Yes No				
What is your child's regular routine when at home?				
Is there anything we should know about your child's play with other children, by themselves, any concerns?				
What kinds of activities does your child enjoy? Are there activities your child avoids?				
How would you describe your child's temperament and personality?				
Does your child have any siblings?				
Does your child family have any pets?				
What soothes your child?				
What frightens your child?				
Does your child have any favorite songs or games that comfort them?				

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