



TCI Services Enrolment Application

Date of Application: _____

Target Enrolment Date: _____

PLEASE ATTACH
PICTURE

1. Child Information

Last Name	First	Middle
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Date of Birth: _____ Age: _____ Gender: M/F _____ Nationality: _____

Has your child received a label or a diagnosis of autism or a related disorder from a physician or other professional? Yes/No _____

Name of Diagnosing Physician: _____

Diagnosis: _____

If your child has attended school, please complete:

Name of School: _____ Dates Attended: _____

Address: _____

Please describe the educational approach of this school: _____

Contact: _____ Phone: _____

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2. Parent/Guardian Information

Mother's Name/ Legal Guardian: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: (Home) _____ (Work) _____

(Mobile) _____ Nationality: _____

Email: _____

Occupation: _____ Title: _____

Employer: _____

Father's Name / Legal Guardian: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Phone: (Home) _____ (Work) _____

(Mobile) _____ Nationality: _____

Email: _____

Occupation: _____ Title: _____

Employer: _____

Parents' Marital Status: Married/Separated/Divorced/Single/Widowed _____

Child lives with (check all that apply) Father/Mother/Other _____

3. Siblings and Extended Family

Name: _____ Age: _____ Relationship: _____

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4. Questions and information about your child

What would you like us to know about your child? _____

What communication skills does your child currently have? (How does your child communicate: vocalizations, signs, pictures/PECS). Describe how he/she gets his/her needs met.

What behavior challenges, if any, does your child exhibit? (Ex. Aggression, stereotypical, self-injurious, etc.) What triggers these behaviors? _____

Please comment on child's nutritional needs (dietary restrictions, special diets). _____

Please describe any medical or physical concerns/needs including medications prescribed: _____

How did you hear about The Children's Institute of Hong Kong? _____

Is English your child's primary language? _____

What other languages are spoken in the home?

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Please submit this completed application by mail or electronically along with:

- Affixed passport-sized photograph of your child
- Copy of identification page(s) of your child's passport
- Copies of identification page(s) of both parent(s)/guardian(s) passport(s)
- A non-refundable application fee of HKD\$2,000 (by cheque payable to: "The Children's Institute of Hong Kong Limited" or by bank transfer to HSBC Account # 502-424864-001 (please provide receipt))
- Previous two years' school records with English translation as needed, if applicable
- Copies of all specialist/therapy reports or assessments/evaluations with English translation as needed, if applicable

The Children's Institute of Hong Kong Limited
 Attention: **Dr. Jeremy H. Greenberg, BCBA-D, Director**
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The Children's Institute of Hong Kong Limited is a non-profit company and is a Charitable Institution under the Inland Revenue Department of The Hong Kong Special Administrative Region of the People's Republic of China (HKSAR).

The Children's Institute of Hong Kong Limited is an Equal Opportunity Employer.

Please note that when you place your child in a private school you are responsible for the cost of tuition. HKSAR does not reimburse families for placement in private schools. The Children's Institute of Hong Kong. Additionally, learning outcomes cannot be guaranteed.

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