



# Little Sweet Angels Preschool & Academy

## 小天使-學前班(UPK)-夏令營-課後輔導學校

### Afterschool 2016 - 2017

Busing \_\_\_\_\_

Students Name 學生的名字: \_\_\_\_\_ Gender: 性別: M 男孩 \_\_\_\_\_ F 女孩 \_\_\_\_\_

D.O.B 出生日期: Month/ Day/ Year 月/日/年 \_\_\_\_\_

School 就讀學校: P.S. \_\_\_\_\_ Grade/ Class年級/班級: \_\_\_\_\_ Teacher Name老師名字: \_\_\_\_\_

Home Address 住址: \_\_\_\_\_ Apt. \_\_\_\_\_ Flushing, NY \_\_\_\_\_ Tel 電話: \_\_\_\_\_

Mother/Guardian 母親 / 監護人名字: \_\_\_\_\_ Cell 手機 # 1. \_\_\_\_\_ 2. \_\_\_\_\_

Email: \_\_\_\_\_

Father/Guardian 父親 / 監護人名字: \_\_\_\_\_ Cell 手機 # 1. \_\_\_\_\_ 2. \_\_\_\_\_

Email: \_\_\_\_\_

Physician's Name 醫生名字: \_\_\_\_\_ Tel # \_\_\_\_\_ Fax# \_\_\_\_\_

Allergies/Medical Condition 過敏/醫療狀況: \_\_\_\_\_

Emergency Contact 緊急聯絡人: \_\_\_\_\_ Relationship 關係: \_\_\_\_\_ Telephone 電話: \_\_\_\_\_

Which of health insurance does student have? 學生有那一種健康保險?

Private Health Insurance  Medicaid  Child Health Plus B  Other 

#### CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby authorize to the Little Sweet Angels staff to obtain necessary emergency medical treatment for my child, with the understanding that the family will be notified as soon as possible.

Parent/Guardian Signature \_\_\_\_\_ Relationship \_\_\_\_\_

#### Terms of Agreement

I understand that if I have changed my contact information; like contact phone number and house address, I will inform office of Little Sweet Angels immediately. Should my child sustain any injuries during afterschool or camp hours, I acknowledge that Little Sweet Angels and their staff is NOT responsible nor liable for any costs associated with medical attention that my child may need. Little Sweet Angels and their staff are only responsible for notifying the child's parents/guardians. Should the injury be serious, Little Sweet Angels will contact emergency services. Should there be costs associated with the medical services, I acknowledge that Little Sweet Angels is not responsible for these costs. I acknowledge that any costs associated with my child's medical attention are fully responsible by me and my family, not Little Sweet Angels, nor their staff.

Parent/Guardian Signature 家長 / 監護人的簽名: \_\_\_\_\_ Date 日期: \_\_\_\_\_

#### FOR OFFICE USE Calendar 2016-2017

Sep	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	School day	_____	
Oct	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	School day	_____
Nov	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	School day	_____	
Dec	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	School day	_____
Jan	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	School day	_____
Feb	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	School day	_____		
Mar	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	School day	_____
Apr	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	School day	_____	
May	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	School day	_____
Jun	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	School day	_____	

Starting Date: \_\_\_\_\_ Fee:\$ \_\_\_\_\_ Payment Received:\$ \_\_\_\_\_ Cash  Check  Received Date: \_\_\_\_\_

