



# Little Sweet Angels

小天使 學前班 - 夏令營 - 課後輔導班

## Summer Camp 2017

Pickup \_\_\_\_\_

Drop-off \_\_\_\_\_

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 月/日 \_\_\_\_\_ / \_\_\_\_\_ Year年 \_\_\_\_\_ Age幾歲 \_\_\_\_\_

Present School 目前就讀學校: P.S. \_\_\_\_\_ Grade 年級: \_\_\_\_\_ The Grade in this Fall 九月份就讀年級: \_\_\_\_\_

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

Address 住址: \_\_\_\_\_ Apt. \_\_\_\_\_ Flushing, NY \_\_\_\_\_

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

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

Mother Email: 母親電子信箱 \_\_\_\_\_ Father Email: 父親電子信箱 \_\_\_\_\_

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 authority 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 家長/監護人的簽名: \_\_\_\_\_ Relationship關係: \_\_\_\_\_

### 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: \_\_\_\_\_

### OFFICIAL USE ONLY

Program: Full Day  Half Day  By Weekly (Total Weeks) \_\_\_\_\_

Yellow School Bus Required: Pickup  Drop-off  Pickup and Drop-off

Pick-up Time: \_\_\_\_\_ Drop-off Time: \_\_\_\_\_

Payment Method: Bank/Check # \_\_\_\_\_ Cash  \_\_\_\_\_

Deposit \$ \_\_\_\_\_ Balance \$ \_\_\_\_\_ Date Received \_\_\_\_\_ By \_\_\_\_\_

Final Payment Received \$ \_\_\_\_\_ Date Received \_\_\_\_\_ By \_\_\_\_\_

H205 Medical Form

Name Tag Received

Camp Shirt Received

Size: XL X M S Xs

Text Book Received:

Math  ELA

Register Number: \_\_\_\_\_