



Little Sweet Angels Preschool

小天使 學前班 - 夏令營 - 課後輔導班

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 _____

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 母親: Email _____ Father 父親: 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 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

↓ First day of school

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

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↑ Last day of school

Start day: _____ End day: _____ Tuition balance: _____

Payment Received \$ _____ Received Date: _____ Received Person: _____ Pay by Check/Check # _____