



# 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 # \_\_\_\_\_