

2021 SWAN Summer Registration Form
In-Person & Virtual Mandarin Program
Session I - 7/12/2021 to 7/30/2021
Session II – 8/2 to 8/20/2021

For Office Use
 Date Received:
 Staff Initial:

In-Person Program - Year of Birth: 2012 – 2016
Virtual Program – Year of Birth: 2007 - 2016
****For In-Person Age 3-4, please use Preschool Registration***

IN-PERSON PROGRAM LOCATION

Year of Birth 2012 - 2016: 8:30am to 5:00pm: True Light Lutheran Church, 195 Worth St, NY, NY 10013
***AGE 2 (FULL), 3 – 4: 8:30am to 6:00pm:** 90 Bowery, NY, NY 10013 (*Use [Preschool Registration Form](#))

Parent/Guardian Information: Mark “X”: Mother _____ Father _____ Guardian _____ **(Please Print)**
 First Name: _____ Last Name: _____
 Street Address: _____ Apt: _____ City: _____
 State: _____ Zip Code: _____ Home Phone: _____
 Email: _____ Mobile Phone: _____
 Today’s Date: _____

Please answer the following questions:

- Is your child currently enrolled in SWAN or another Chinese School/Program? Yes No
 If “Yes”, number of years: _____ Name of School /Program: _____
- How did you hear about us? _____

Website Returning Participant SWAN Parents Social Media
 Other/Referral: _____

PAYMENT AND REFUND POLICY

- Questions? Email: Info@swan-nyc.org Call: 646-998-5786
- **Registration Method:** Register in-person at 90 Bowery, Floor 2, NY, NY 10013 or Email registration form to Info@swan-nyc.org. ****Form and fee must be received at time of registration to guarantee seat(s).***
- **Payment Option:** Make check or money order payable to SWAN (Include **student’s name** on check). E-Check or ACH is available, please call office at 646.998.5786 or email info@swan-nyc.org cc: liana.moy@swan-nyc.org.
- **Payment Plan:** Payment plan is available, email info@swan-nyc.org cc: liana.moy@swan-nyc.org.
- **Donation:** Every dollar makes a difference in running a successful summer program. All donations to SWAN are Tax-Deductible to the full extent by law.
- **Bounced Check/Late Payment Fee:** There is \$35.00 fee for each bounced check or late payment. Your child could be at risk of losing his/her seat.

- **On and Before 3/31/2021:** Tuition refundable.
- **4/1/2021 – 6/01/2021:** Tuition refundable with \$100 administrative penalty fee per student.
- **On and After 6/02/2021:** No refund on tuition.

By signing this form I confirm that all information entered on this form and any other required documentation submitted by me is authentic. I understand and accept the Payment and Refund Policy stated above.

Parent/Guardian Name: _____ **Parent/Guardian Signature:** _____

**2021 IN-PERSON
 SUMMER REGISTRATION**

Year of Birth: 2012 – 2016
**For age 3-4, please use Preschool Registration*
For Virtual Program Registration, See Next Page

Pick One: **Session 1 (7/12-7/30)** **Session 2 (8/2-8/20)** **Both (7/12-8/20)**
PROGRAM HOURS 8:30AM to 5:00PM

This Page ONLY: **ONE FORM PER CHILD**

Child's Name (Please Print): _____ Chinese Name: _____

Current Grade/DOB: _____ Current School: _____

PROGRAM OPTION	<i>Early Bird Deadline – 3/29/2021</i>	<i>Regular Rate – On and After 3/30/2021</i>
<p>ONE SESSION ____ 7/12-7/30 ____ 8/2-8/20</p> <p><i>In keeping a stable group of children, please pick one only</i></p>	<p>\$1,475 - \$491/week <i>Early Bird \$105 savings!</i></p>	<p>\$1,580 – \$526/week</p>
<p>TWO SESSIONS ____ 7/12-8/20</p>	<p>\$2,820 - \$470/week <i>Early Bird \$170 savings!</i></p>	<p>\$2,990 - \$498/week</p>
<p><i>FAMILY & REFERRAL DISCOUNT</i> <i>*sibling(s) and/or NEW SWAN Student Referral</i></p>	<p><input type="checkbox"/> *Yourself (1st Child): <u>\$70 Discount</u> <input type="checkbox"/> *2nd Child: <u>\$70 Discount</u> <input type="checkbox"/> *3rd Child: <u>\$70 Discount</u></p> <p align="center"><i>ADDITIONAL SAVINGS!! MAXIMUM \$210 DISCOUNT ONLY</i></p>	<p><input type="checkbox"/> *Yourself (1st Child): <u>\$70 Discount</u> <input type="checkbox"/> *2nd Child: <u>\$70 Discount</u> <input type="checkbox"/> *3rd Child: <u>\$70 Discount</u></p> <p align="center"><i>ADDITIONAL SAVINGS!! MAXIMUM \$210 DISCOUNT ONLY</i></p>
	<p>Total: \$ _____ *All Educational Materials Included, Meals Not Included (Bring Your Own Meals)</p> <p>FAMILY & REFERRAL DISCOUNT Sibling Name(s): _____</p> <p>“NEW” Parent Name(s) (discount to be applied after payment is received from the “NEW” parent): _____</p>	

Registration and Program Fee Must be Received at Time of Registration to Guarantee a Seat



2021 VIRTUAL
SUMMER REGISTRATION FORM
Year of Birth: 2007 – 2016

This Page ONLY: **ONE FORM PER CHILD**

Child's Name (Please Print): _____ Chinese Name: _____

Current Grade/DOB: _____ Current School: _____

CHECK OFF YOUR LEVEL (Your Child Will be Assigned According to His/Her Level):

***Private Small Group Tutoring** Available At Bottom of Page

<p>___ New to Mandarin Immersion Learning</p> <p><u>3 INTERACTIVE SESSIONS PER DAY</u> Monday to Friday Schedule ___ 9:15 – 10:00am Mandarin Conversation ___ 10:15 – 11:00am Playdoh Club in Chinese ___ 11:15 – 12:00pm Reading & Story Time in Chinese</p> <p>*\$180 Saving with 3 Sessions. Maximum 15 students Per Session</p>	<p>___ Able to Converse in Short Sentences ___ Able to Converse in Long Sentences</p> <p><u>3 INTERACTIVE SESSIONS PER DAY</u> Monday to Friday Schedule ___ 9:15 – 10:00am Mandarin Conversation ___ 10:15 – 11:00am Playdoh Club in Chinese ___ 11:15 – 12:00pm Reading & Writing in Chinese</p> <p>*\$180 Saving with 3 Sessions. Maximum 15 students Per Session</p>
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Registration and Program Fee Must be Received at Time of Registration to Guarantee Seat(s)

CHOOSE YOUR WEEK	APPLY YOUR DISCOUNT	TOTAL
<input type="checkbox"/> 7/12 – 7/16 <input type="checkbox"/> 7/19 – 7/23 <input type="checkbox"/> 7/26 – 7/30 <input type="checkbox"/> 8/2 – 8/6 <input type="checkbox"/> 8/9 – 8/13 <input type="checkbox"/> 8/16 – 8/20	<input type="checkbox"/> 2 weeks: \$10 discount <input type="checkbox"/> 3 weeks: \$20 discount <input type="checkbox"/> 4 weeks: \$35 discount <input type="checkbox"/> 5 weeks: \$50 discount <input type="checkbox"/> 6 weeks: \$70 discount	<input type="checkbox"/> 1 Session Per Week, \$160 <input type="checkbox"/> 2 and More Sessions Per Week, \$300 _____ (\$160 or \$300) x _____ Week(s) -\$ _____ Discount = Total: \$ _____

PRIVATE SMALL GROUP TUTORING – MUST BE ABLE TO CONVERSE IN LONG SENTENCES

*4 Students Per Group - \$215 Per Week (Monday to Friday, 8:15am to 9:00am)

Attending Week(s). See Dates Above: _____ Total # of Week(s) _____ Apply Your Discount. See Discount Above: \$ _____ Total: \$ _____
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THIS PAGE FORWARD**IN-PERSON ONLY: 2021 Student Information Form**

1. Last Name 姓: _____ First Name 名: _____
2. Gender 性別: Male 男生 Female 女生
3. Birth Date 出生日期: _____
4. Ethnicity 種族: American Indian 美國印地安人 Asian 亞裔 African American 非裔 Hispanic 西語裔
 Pacific Islander 太平洋島國 White 白人 Other 其他
5. Emergency Contact Name 緊急聯絡人:

1) Last Name 姓: _____ First Name 名: _____ Home Phone Number 家裡電話: _____ Cell Phone Number 手機電話: _____ Relationship to Student 和申請者關係: _____	2) Last Name 姓: _____ First Name 名: _____ Home Phone Number 家裡電話: _____ Cell Phone Number 手機電話: _____ Relationship to Student 和申請者關係: _____
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6. Primary Language 主要使用語言: Mandarin 普通話 Cantonese 廣東話 English 英文
 Other 其他: _____
7. Do you have other children registered in this program 您有其他的孩子參加這個課後班嗎?
 Yes 是 No 否
If yes, please list additional children below 若有的話，請將其他孩子的姓名寫在下面:

Last Name 姓: _____ First Name 名: _____ Program: _____

Last Name 姓: _____ First Name 名: _____ Program: _____

Pick-Up Permissions 接送許可

After-School Ages 11 and Above only: I give permission for my child to go home alone at dismissal. 我允許我的孩子在放學時自行回家

Child may be picked up by 下列人士可以接我的孩子:

1) Last Name 姓: _____ First Name 名: _____

Home Phone Number 家裡電話: _____

Cell Phone Number 手機電話: _____

Relationship to Student 和申請者關係: _____

2) Last Name 姓: _____ First Name 名: _____

Home Phone Number 家裡電話: _____

Cell Phone Number 手機電話: _____

Relationship to Student 和申請者關係: _____

Child **may not be** picked up by 下列人士不可以接我的孩子:

1) Last Name 姓: _____ First Name 名: _____

Relationship to Student 和申請者關係: _____

2) Last Name 姓: _____ First Name 名: _____

Relationship to Student 和申請者關係: _____

HEALTH INFORMATION 健康訊息

Does your child have a doctor or nurse practitioner? _____ Yes _____ No

Name of child's doctor or nurse practitioner _____ Phone number: _____

Have you ever been told by a physician or health care professional that your child has:

Allergies to food 食物過敏: Yes 是 No 否

If yes, please specify 若有的話, 請說明: _____

What has to happen to trigger the allergy: Eating Touching Smelling Other: _____

When was the last reaction? _____

Do you think your child's food allergy may be life-threatening? Yes 是 No 否

What are the signs and symptoms of the allergic reaction? (Be specific) _____

Allergies to medicine 藥物過敏: Yes 是 No 否

If yes, please specify 若有的話, 請說明: _____

When was the last reaction? _____

What are the signs and symptoms of the allergic reaction? (Be specific) _____

Allergies to animals 動物過敏: Yes 是 No 否

If yes, please specify 若有的話, 請說明: _____

When was the last reaction? _____

What are the signs and symptoms of the allergic reaction? (Be specific) _____

Other Allergies 其他過敏: Yes 是 No 否

If yes, please specify 若有的話, 請說明: _____

When was the last reaction? _____

What are the signs and symptoms of the allergic reaction? (Be specific) _____

Has your child ever needed treatment at a clinic or the hospital for an allergic reaction? Yes 是 No 否

What treatment or medication has your health care provider recommended for use in an allergic reaction?

Asthma 哮喘: Yes 是 No 否

Behavioral/Emotional issues 行為/情緒問題: Yes 是 No 否

Convulsions/Seizures 抽搐/癲癇: Yes 是 No 否

Corrective Device (glasses, hearing aid, etc.) 矯正用具(眼鏡、助聽器等): Yes 是 No 否

Diabetes 糖尿病: Yes 是 No 否

Learning Disability 學習障礙: Yes 是 No 否

Individualized Education Plan 個別特殊教育計畫: Yes 是 No 否

Physical Disabilities 身體殘障: Yes 是 No 否

Other (please specify) 其他(請說明): _____

Does your child experience: Nose Bleeds 鼻子流血: Yes 是 No 否

Does your child have special health care needs that require treatment and/or medication 您的孩子是否需要治療和(或)藥物方面的特殊醫療照護? Yes 是 No 否

Please explain 請說明: _____

Does your child take medication for any condition or illness 您的孩子是否服用治療疾病的藥物? Yes 是 No 否
Please explain 請說明:_____

Are there any activities your child cannot participate in 您的孩子是否無法參加某些活動? Yes 是 No 否
Please explain 請說明:_____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I understand the information given above will be shared with appropriate school staff to provide for the health and safety of my child. If either I or an authorized emergency contact person cannot be reached at the time of a medical emergency, I authorize and direct school staff to send my child to the most easily accessible hospital or physician. I understand I will assume full responsibility for payment of any transport or emergency medical services rendered.

Parent/Guardian Signature:_____ Date:_____

SWAN - CONSENT FORM

PHOTO/VIDEO/INTERVIEW CONSENT (To be completed by the parent or guardian)

I certify that I am the parent or legal guardian of

I understand that SWAN (The Shuang Wen Academy Network) features special events or students' activities both in-school and away from school. Media representatives, newspaper and television reporters, photographers, and public-relations personnel may be present at these special events to record them. In some cases they may interview and/or photograph children who participate in these events. These photographs, videos, and interviews will only be used to promote SWAN.

I give permission for my child to be photographed or otherwise recorded during SWAN events and activities, and for any and all such photographs to be displayed by The Shuang Wen Academy Network (SWAN), whether now or hereafter known or developed.

Checking this box indicates that The Shuang Wen Academy Network (SWAN) has permission to contact me regarding notifications, information and news regarding SWAN's policies, scholarships, events, programs and affiliates.

SIGNATURE OF PARENT OR GUARDIAN

DATE

PARENT NAME (PLEASE PRINT)

If you do not wish for your child to be photographed in SWAN's events and activities, please review this section of this form.

I **DO NOT** give permission for my child to be photographed or otherwise recorded during SWAN program events and activities. As a result, my child may not be able to participate in these events and activities.

SIGNATURE OF PARENT OR GUARDIAN

DATE

CHILD & ADOLESCENT HEALTH EXAMINATION FORM

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

Please
Print Clearly
Press Hard

STUDENT ID NUMBER
OSIS

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TO BE COMPLETED BY PARENT OR GUARDIAN

Child's Last Name	First Name	Middle Name	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (Month/Day/Year) ____/____/____
Child's Address			Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Check ALL that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other
City/Borough	State	Zip Code	School/Center/Camp Name	District Number
Health insurance (including Medicaid)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent/Guardian Foster Parent		Last Name
				First Name
				Phone Numbers Home Cell Work

TO BE COMPLETED BY HEALTH CARE PROVIDER *If "yes" to any item, please explain (attach addendum, if needed)*

Birth history (age 0-6 yrs) <input type="checkbox"/> Uncomplicated <input type="checkbox"/> Premature: _____ weeks gestation <input type="checkbox"/> Complicated by _____ Allergies <input type="checkbox"/> None <input type="checkbox"/> Epi pen prescribed <input type="checkbox"/> Drugs (list) _____ <input type="checkbox"/> Foods (list) _____ <input type="checkbox"/> Other (list) _____	Does the child/adolescent have a past or present medical history of the following? Asthma (check severity and attach MAF/Asthma Action Plan): <input type="checkbox"/> Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent <i>If persistent, check all current medication(s):</i> <input type="checkbox"/> Inhaled corticosteroid <input type="checkbox"/> Other controller <input type="checkbox"/> Quick relief med <input type="checkbox"/> Oral steroid <input type="checkbox"/> None <input type="checkbox"/> Attention Deficit Hyperactivity Disorder <input type="checkbox"/> Orthopedic injury/disability <input type="checkbox"/> Chronic or recurrent otitis media <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Congenital or acquired heart disorder <input type="checkbox"/> Speech, hearing, or visual impairment <input type="checkbox"/> Developmental/learning problem <input type="checkbox"/> Tuberculosis (latent infection or disease) <input type="checkbox"/> Diabetes (attach MAF) <input type="checkbox"/> Other (specify) _____	Medications (attach MAF if in-school medication needed) <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____ _____ Dietary Restrictions <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____ _____
<i>Explain all checked items above or on addendum</i>		

PHYSICAL EXAMINATION

Height _____ cm (____ %ile)
 Weight _____ kg (____ %ile)
 BMI _____ kg/m² (____ %ile)
 Head Circumference (age ≤2 yrs) _____ cm (____ %ile)
 Blood Pressure (age ≥3 yrs) _____ / _____

General Appearance:

<i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/>	<i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/>	<i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/>	<i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/>	<i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/>
<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Skin	<input type="checkbox"/> Psychosocial Development
<input type="checkbox"/> DENTAL	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Language
<input type="checkbox"/> Neck	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Extremities	<input type="checkbox"/> Back/spine	<input type="checkbox"/> Behavioral

Describe abnormalities:

DEVELOPMENTAL (age 0-6 yrs)

Within normal limits
 If delay suspected, specify below
 Cognitive (e.g., play skills) _____
 Communication/Language _____
 Social/Emotional _____
 Adaptive/Self-Help _____
 Motor _____

SCREENING TESTS

	Date Done	Results
Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk)	____/____/____	_____ µg/dL
Lead Risk Assessment (annually, age 6 mo-6 yrs)	____/____/____	<input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk
Hearing <input type="checkbox"/> Pure tone audiometry <input type="checkbox"/> OAE	____/____/____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Hemoglobin or Hematocrit (age 9-12 mo)	____/____/____	_____ g/dL _____ %

Head Start Only

Tuberculosis

Only required for students entering intermediate/middle/junior or high school who have not previously attended any NYC public or private school

	Date Done	Results
PPD/Mantoux placed	____/____/____	Induration _____ mm
PPD/Mantoux read	____/____/____	<input type="checkbox"/> Neg <input type="checkbox"/> Pos
Interferon Test	____/____/____	<input type="checkbox"/> Neg <input type="checkbox"/> Pos
Chest x-ray (if PPD or Interferon positive)	____/____/____	<input type="checkbox"/> NI <input type="checkbox"/> Not Indicated <input type="checkbox"/> Abnl
Vision (required for new school entrants and children age 4-7 yrs)	____/____/____	Acuity Right ____ / ____ Left ____ / ____ <input type="checkbox"/> with glasses Strabismus <input type="checkbox"/> No <input type="checkbox"/> Yes

IMMUNIZATIONS - DATES

CIR Number of Child _____

Hep B	____/____/____
Rotavirus	____/____/____
DTP/DTaP/DT	____/____/____
Hib	____/____/____
PCV	____/____/____
Polio	____/____/____

Influenza	____/____/____
MMR	____/____/____
Varicella	____/____/____
Td	____/____/____
Tdap	____/____/____
Hep A	____/____/____
Meningococcal	____/____/____
HPV	____/____/____
Other, Specify:	____/____/____

RECOMMENDATIONS

Full physical activity Full diet
 Restrictions (specify) _____
Follow-up Needed No Yes, for _____ Appt. date: ____/____/____
Referral(s): None Early Intervention Special Education Dental Vision
 Other _____

ASSESSMENT

Well Child (V20.2) Diagnoses/Problems (list) _____ ICD-9 Code _____

Health Care Provider Signature	Date	DOHMH PROVIDER ONLY I.D.
Health Care Provider Name and Degree (print)	Provider License No. and State	TYPE OF EXAM: <input type="checkbox"/> NAE Current <input type="checkbox"/> NAE Prior Year(s)
Facility Name	National Provider Identifier (NPI)	Comments
Address	City	Date Reviewed: _____
Telephone	Fax	I.D. NUMBER
		REVIEWER: _____

2021 SWAN SUMMER MANDARIN IMMERSION PROGRAM SAMPLED SCHEDULE



SESSION ONE 7/12 to 7/30 SESSION TWO 8/2 to 8/20 Or DO BOTH SESSIONS
Year of Birth: 2012 – 2016 (Entering Kindergarten to Entering 4th Grade)

***Classrooms are Fully Equipped with Air Conditioning and Blueair Air Purifier Filter**

Time	Monday - Friday
8:30am	Check-In & Breakfast
9:30am	Chinese Mandarin Time
10:30am	Gym (Indoor Gymnasium)
11:15am	Snack
11:45am	Accelerated Math
12:45PM	Lunch
1:15PM	Choice Time or Quiet Time
2:00PM	Rotating Day Activity Entering Kindergarten - Play Doh, Sing & Dance or Lego Club Entering 1 st & 2 nd Grade – Lego Club, Tangram (Chinese Mental Game), Sing & Dance or Playdoh Entering 3 rd , 4 th & 5 th - Lego Club, Chinese Chess, or Chinese Mental Games; Kongming Lock, Klotski Puzzle or Tangram
2:45PM	Fitness Play Social Distance Activity; Children Archery, Running Games, Hopscotch, Obstacle Course (Indoor Gymnasium)
3:30PM	Snack
4:00PM	Rotating Day Activity Mini Chef, Science Fun or Drama Club
5:00PM	Dismissal Daily Classroom Disinfection

EDUCATIONAL MATERIALS INCLUDED
BRING YOUR OWN MEAL (BREAKFAST, LUNCH AND SNACKS **NOT** INCLUDED)