

**SWAN 2020 Summer Program Registration Form**  
**7/7/2020 to 至 8/21/2020**

<b>For Office Use Only</b>
Date received: _____
Staff Initial: _____
Rev01282020

**SUMMER PROGRAM LOCATION 暑期班地點**  
**Entering Pre-K to Ninth Grade: NEST+M. 111 Columbia St.**  
**Preschool Entering Pre-K: 90 Bowery, Floor 2 (limited seats)**

Student Name (Please Print): \_\_\_\_\_ Chinese Name (If Any): \_\_\_\_\_

Current Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

<b>Parent/Guardian Information (Please Print)</b>		<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	
First Name: _____	Last Name: _____		
Street Address: _____		Apt: _____	City: _____
State: _____	Zip Code: _____	Home Phone: (____) _____	
Email: _____		Mobile Phone: (____) _____	
<b>Please answer the following questions:</b>			
1) Is your child currently enrolled in SWAN or another Chinese School/Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", number of years: _____ Name of School /Program: _____			
2) How did you hear about us?			
<input type="checkbox"/> Website <input type="checkbox"/> Returning Participant <input type="checkbox"/> SWAN Parents <input type="checkbox"/> Facebook/Social Media			
<input type="checkbox"/> Other (please specify): _____			

**REGISTRATION OFFICE**  
**90 Bowery, Floor 2. NY, NY, 10013 (Monday to Friday, 9am to 6pm)**  
**Email Application: [info@swan-nyc.org](mailto:info@swan-nyc.org) Tel: 646-998-5786**

**PAYMENT AND REFUND POLICY**

- **Registration Method:** Register in-person at 90 Bowery, Floor 2 or Email registration form to [Info@swan-nyc.org](mailto: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 for \$1.50 processing fee, please call office at 646.998.5786 or email [Info@swan-nyc.org](mailto:Info@swan-nyc.org) .
- **Payment Plan:** Payment plan is available, please call 646.998.5786 or email [info@swan-nyc.org](mailto:info@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 Fee:** There is \$35 fee for each bounced check. Your child could be at risk of losing his/her seat.
- **Fieldtrip Cancellation Due to Inclement Weather:** Fieldtrip cancellation due to rain or inclement weather condition is non-refundable.

- |   |
|---|
| <ul style="list-style-type: none"> <li>• <b>On and Before 3/01/2020:</b> 100% Tuition refundable.</li> <li>• <b>03/02/2020 – 6/01/2020:</b> Tuition refundable with \$100 administrative penalty fee per student. T-Shirt, Recreational Activities and Fieldtrip Fees are non-refundable.</li> <li>• <b>On and After 6/02/2020:</b> No refund on tuition, t-shirt, recreational and fieldtrip fee.</li> <li>• <b>No Refund or Make-Up Class</b> for absents or vacation.</li> </ul> |
|---|

*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 agree to the refund policy above, and I understand that submitting false or falsified documentation is punishable by law.*

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_



## SWAN 2020 Summer Program Registration Form

7/7/2020 ~8/21/2020

**MONDAY ~ FRIDAY, 8: 30AM TO 6: 00 PM (Last Pick-Up)**

**Tuition Fee Includes Breakfast, Lunch and Educational Supplies**

**Minimum 4 weeks Participation Required (do not need to be consistent 4 weeks)**

### Born 2016: ENTERING PRE-KINDERGARTEN

NUMBER OF WEEKS	EARLY BIRD TUITION 1/28/20 to 2/14/20	REGULAR TUITION On and After 2/15/20	Discount (Sibling, applies to the 2 <sup>nd</sup> child and after)
○ 7 Weeks (Most Saving)	\$309 per week x 7 weeks = \$2,163	\$326 per week x 7 weeks = \$2,282	\$100 Discount from total tuition
○ 6 Weeks (More Saving)	\$339 per week x 6 weeks = \$2,032	\$360 per week x 6 weeks = \$2,160	\$100 Discount from total tuition
○ 5 Weeks (Great Saving)	\$381 per week x 5 weeks = \$1,907	\$406 per week x 5 weeks = \$2,030	\$100 Discount from total tuition
○ 4 Weeks (Minimum Requirement)	\$446 per week x 4 weeks = \$1,782	\$477 per week x 4 weeks = \$1,908	\$100 Discount from total tuition
○ Location (please check-off)	○ NEST+M (111 Columbia Street)	○ SWAN Preschool (90 Bowery, 2/FL)	

### Born 2015 – 2006: ENTERING KINDERGARTEN – ENTERING 9<sup>th</sup> GRADE

NUMBER OF WEEKS	EARLY BIRD TUITION 1/28/20 to 2/14/20	REGULAR TUITION On and After 2/15/20	Discount (current SWAN after- school parent)	Discount (Sibling, applies to the 2 <sup>nd</sup> child and after)
○ 7 Weeks (Most Saving)	\$300 per week x 7 weeks = \$2,100	\$315 per week x 7 weeks = \$2,205	\$234 Discount from total tuition	\$100 Discount from total tuition
○ 6 Weeks (More Saving)	\$330 per week x 6 weeks = \$1,980	\$347 per week x 6 weeks = \$2,082	\$234 Discount from total tuition	\$100 Discount from total tuition
○ 5 Weeks (Great Saving)	\$370 per week x 5 weeks = \$1,850	\$391 per week x 5 weeks = \$1,955	\$234 Discount from total tuition	\$100 Discount from total tuition
○ 4 Weeks (Minimum Requirement)	\$432 per week x 4 weeks = \$1,728	\$458 per week x 4 weeks = \$1,832	\$234 Discount from total tuition	\$100 Discount from total tuition
ADD ON – <b>Taiwan Trip Born 2010 &amp; Up</b>	8/11 to 8/25 See Separate Registration	8/11 to 8/25 See Separate Registration		

Total Due Today: \$ \_\_\_\_\_ - Discount \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Optional Recreational Activities Registration TBD in May, 2020 (Swimming, Chess, East River Biking, Tennis, Fieldtrips and More! Some activities are fee-based). One Application Per Child.

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**SUMMER PROGRAM LOCATION 暑期班地點**

Entering Pre-K to Ninth Grade: NEST+M. 111 Columbia St.  
Preschool Entering Pre-K: 90 Bowery, Floor 2 (**limited seats**)

週一至週五，上午八點半至下午六點（最後接走時間）

學生名字（正楷）：\_\_\_\_\_ 中文名字：\_\_\_\_\_

目前的年級：\_\_\_\_\_ 目前的學校：\_\_\_\_\_

家長/監護人資料(請書寫)

( ) 母親

( ) 父親

( ) 監護人

姓名：\_\_\_\_\_ 街址：\_\_\_\_\_

市/州：\_\_\_\_\_ 郵遞區號：\_\_\_\_\_ 家裡電話：(\_\_\_\_) \_\_\_\_\_

電子郵件：\_\_\_\_\_ 手機號碼：(\_\_\_\_) \_\_\_\_\_

請回答下列問題：

1) 你的孩子目前是否就讀中文學校/課程？有 沒有

若有，已讀幾年：\_\_\_\_\_ 學校/課程的名字（可不填）：\_\_\_\_\_

2) 你是透過哪種方式知道我們的呢？ 網站  舊生  184 學校家長  其它（請注明）

**報名地點**

本人親自報名- 紐約市包厘街 90 號二樓

電郵報名 [info@swan-nyc.org](mailto:info@swan-nyc.org) 電話: 646-998-5786

**繳費和退款規定**

- 報名方式：本人親自報名請到包厘街 90 號二樓，或電郵至 [Info@swan-nyc.org](mailto:Info@swan-nyc.org)。只有同時收到表格和費用才可以保證暑期班名額。
- 付款方式：僅收支票或匯票，受款人請寫 **SWAN**（請在支票寫上孩子名字）。網上付款另收 \$1.50 網上付款手續費（請致電 646.998.5786 或電郵 [info@swan-nyc.org](mailto:info@swan-nyc.org) 獲取更多信息）。
- 分期付款：請致電 646.998.5786 或電郵 [info@swan-nyc.org](mailto:info@swan-nyc.org) 以了解分期付款更多信息。
- 捐款：家長的每一分捐款都有助於我們成功運作暑期班。所有捐助雙文教育系統的款項依法可全額抵稅。
- 銀行退票：每張銀行退票收費 \$35，您的孩子可能因為退票而失去參加暑期班的資格。
- 由於惡劣天氣取消旅行：由於下雨或惡劣天氣導致旅行取消，旅行費用將不予退款。

**退款規定：制服、材料費和旅行費用不能退還**

2020 年 3 月 1 日之前：家長可獲 100% 全額學費退款。

2020 年 3 月 2 日-2020 年 6 月 1 日：學費可以退款，但家長必須支付每位學生 100 元行政手續費，制服、休閒活動和旅行費用不予退款。

2020 年 6 月 2 日當天或之後：所有暑期班相關費用包括學費、制服、休閒和旅行費用，不予退款。

若學生請假缺課，所有課程不予退款，亦不根據上課的節數按比例計算費用或補課。

在此表簽名代表我確認我在此表所填的所有資料以及暑期班要求我繳交的任何其他文件都是真實的，我了解並同意上述的退款規定，我也了解提供不真實或偽造的文件將擔負法律責任。

家長/監護人簽名：\_\_\_\_\_ 日期：\_\_\_\_\_

## 雙文教育系統暑期班報名表

7/7/2020 ~ 8/21/2020

星期一到星期五, 8:30AM TO 6:00 PM (最後接走時間)

學費包括早餐, 午餐和教育文具. 至少報名4週 (不需要連續4週)

### 2016 年出生: 升預幼班

週數	提前報名優惠 1/28/20 至 2/14/20	正常費用 2/15/20 當天和之後	兄弟姐妹折扣 (第 二個孩子及以後)
○ 7 週 (最省錢)	\$309 每週 x 7 週 = \$2,163	\$326 每週 x 7 週 = \$2,282	\$100 總學費折扣
○ 6 週 (更省錢)	\$339 每週 x 6 週 = \$2,032	\$360 每週 x 6 週 = \$2,160	\$100 總學費折扣
○ 5 週 (節省很多)	\$381 每週 x 5 週 = \$1,907	\$406 每週 x 5 週 = \$2,030	\$100 總學費折扣
○ 4 週 (至少需要4週)	\$446 每週 x 4 週 = \$1,782	\$477 每週 x 4 週 = \$1,908	\$100 總學費折扣
地點 (請選擇)	○ NEST+M (111 Columbia Street)	○ SWAN Preschool (90 Bowery, 2/FL)	

### 2015 - 2006 年出生: 升幼稚班以上年級

週數	提前報名優惠 1/28/20 至 2/14/20	正常費用 2/15/20 當天和之後	現在課後班 家長折扣	兄弟姐妹折扣 (第 二個孩子及以後)
○ 7 週 (最省錢)	\$300 每週 x 7 週 = \$2,100	\$315 每週 x 7 週 = \$2,205	\$234 總學費折扣	\$100 總學費折扣
○ 6 週 (更省錢)	\$330 每週 x 6 週 = \$1,980	\$347 每週 x 6 週 = \$2,082	\$234 總學費折扣	\$100 總學費折扣
○ 5 週 (節省很多)	\$370 每週 x 5 週 = \$1,850	\$391 每週 x 5 週 = \$1,955	\$234 總學費折扣	\$100 總學費折扣
○ 4 週 (至少需要4週)	\$432 每週 x 4 週 = \$1,728	\$458 每週 x 4 週 = \$1,832	\$234 總學費折扣	\$100 總學費折扣
附加 - 台灣之旅 2010 年(含)以前 出生	8/11 至 8/25 請參考另外附加 的報名表格	8/11 至 8/25 請參考另外附加 的報名表格		

一共: \$ \_\_\_\_\_ - 折扣 \$ \_\_\_\_\_ = 總計 \$ \_\_\_\_\_

可供選擇的休閒活動註冊日期將於 2020 年 5 月公布 (游泳、國際象棋、東河自行車、網球、旅行等! 部分活動收費)。每個孩子需繳交一份報名表。

**Participant Information 參加學生資料**

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 applicant 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 applicant 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: \_\_\_\_\_

Last Name 姓: \_\_\_\_\_ First Name 名: \_\_\_\_\_

**Pick-Up Permissions 接送許可**

- 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 applicant 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 applicant 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 applicant 和申請者關係: \_\_\_\_\_

2) Last Name 姓: \_\_\_\_\_ First Name 名: \_\_\_\_\_

Relationship to applicant 和申請者關係: \_\_\_\_\_

## Health Information 健康訊息

Please check any box that applies to your child 請勾選您的孩子適用的選項:

Allergies to food 食物過敏: Yes 是 No 否

If yes, please specify 若有的話, 請說明: \_\_\_\_\_

Allergies to medicine 藥物過敏: Yes 是 No 否

If yes, please specify 若有的話, 請說明: \_\_\_\_\_

Allergies other 其他過敏: Yes 是 No 否

If yes, please specify 若有的話, 請說明: \_\_\_\_\_

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

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): \_\_\_\_\_

Children who have special health care needs are those who have chronic physical, developmental, behavioral, or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that are required by children generally. If your child does have special health care needs please discuss these with your child care provider. 有特殊醫療需求的兒童是指患有有可能持續十二個月以上的身體、發展、行為、或情緒方面的慢性疾病，其所需的醫療相關服務已超越一般兒童的需求。若您的孩子需要特殊醫療照護，請告知您孩子的托育單位。

Please explain 請說明: \_\_\_\_\_

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: \_\_\_\_\_

### CERTIFICATION STATEMENT 保證聲明

I, the undersigned, certify that all information on this form is true and correct. I understand that my statements are subject to verification. I agree and accept that I will abide by all applicable rules and regulations of this program. I consent to the enrollment and participant of the child listed above in this program. 我證實此申請表中的所有資料正確無誤，我了解我的聲明將受到驗證。我同意並接受此課後班所有相關的法令規章，我同意我的孩子報名參加此課後班。

Parent Name (Please Print) 家長姓名(請書寫): \_\_\_\_\_

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

## 2020 SWAN SUMMER PROGRAM

### 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 \_\_\_\_\_, whose date of birth is \_\_\_\_\_.  
Name of child  
Month/day/year

I understand that this summer program features special events 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 this after-school program.

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

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

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SIGNATURE OF PARENT OR GUARDIAN

DATE

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PARENT NAME (PLEASE PRINT)

If you do not wish for your child to participate in the activities described above, please review this section of this form.

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

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SIGNATURE OF PARENT OR GUARDIAN

DATE

## 2020 學年 拍照/視頻/採訪同意書 (由家長或監護人完成)

本人\_\_\_\_\_保證是\_\_\_\_\_的家長或法定監護人

本人瞭解本次課外活動包括校內和校外兩類特殊活動。媒體代表、報紙和電視記者、攝影師及公關人員可能出席以記錄這些特殊活動。在某些情況下，他們可能採訪和/或拍攝參加這些活動的孩子。這些照片、視頻和採訪將僅用於本次課外活動的宣傳。

我同意在本次課外活動中對我的孩子進行拍攝或錄音，無論事先、事後告知或沖印，雙文教育系統可以通過各種媒介（包括書籍、新聞稿、網站等）展示有關照片。

我同意雙文教育系統將雙文教育系統政策、獎學金、活動、課程、以及下屬單位相關的通知、訊息、以及新聞寄給我。

---

家長或監護人簽名

日期

---

家長姓名（請書寫）

++++  
如果您不想讓您的孩子參加上述活動，請閱讀本節。

**本人不同意在課後班活動中對我的孩子進行拍攝或錄音。因此，我的孩子無法參加這些活動。**

**家長或監護人簽名:** \_\_\_\_\_

**日期** \_\_\_\_\_



# CHILD & ADOLESCENT HEALTH EXAMINATION FORM

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

Please  
Print Clearly  
Press Hard

STUDENT ID NUMBER  
OSIS

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

## 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	Phone Numbers Home Cell Work
Health insurance (including Medicaid)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian Last Name		First Name				
		Foster Parent					

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

<b>Birth history (age 0-6 yrs)</b> <input type="checkbox"/> Uncomplicated <input type="checkbox"/> Premature: _____ weeks gestation <input type="checkbox"/> Complicated by _____ <b>Allergies</b> <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) _____		<b>Does the child/adolescent have a past or present medical history of the following?</b> <b>Asthma (check severity and attach MAF/Asthma Action Plan):</b> <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) _____		<b>Medications (attach MAF if in-school medication needed)</b> <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____ _____ _____	
		<b>Dietary Restrictions</b> <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____ _____			
<i>Explain all checked items above or on addendum</i>					

<b>PHYSICAL EXAMINATION</b> Height _____ cm (____ %ile) Weight _____ kg (____ %ile) BMI _____ kg/m <sup>2</sup> (____ %ile) Head Circumference (age ≤2 yrs) _____ cm (____ %ile) Blood Pressure (age ≥3 yrs) _____ / _____		<b>General Appearance:</b> <table border="0"> <tr> <td><i>Nl Abnl</i></td><td><input type="checkbox"/> HEENT</td><td><i>Nl Abnl</i></td><td><input type="checkbox"/> Lymph nodes</td><td><i>Nl Abnl</i></td><td><input type="checkbox"/> Abdomen</td><td><i>Nl Abnl</i></td><td><input type="checkbox"/> Skin</td><td><i>Nl Abnl</i></td><td><input type="checkbox"/> Psychosocial Development</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/> DENTAL</td><td><input type="checkbox"/></td><td><input type="checkbox"/> Lungs</td><td><input type="checkbox"/></td><td><input type="checkbox"/> Genitourinary</td><td><input type="checkbox"/></td><td><input type="checkbox"/> Neurological</td><td><input type="checkbox"/></td><td><input type="checkbox"/> Language</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/> Neck</td><td><input type="checkbox"/></td><td><input type="checkbox"/> Cardiovascular</td><td><input type="checkbox"/></td><td><input type="checkbox"/> Extremities</td><td><input type="checkbox"/></td><td><input type="checkbox"/> Back/spine</td><td><input type="checkbox"/></td><td><input type="checkbox"/> Behavioral</td> </tr> </table> <b>Describe abnormalities:</b> _____ _____				<i>Nl Abnl</i>	<input type="checkbox"/> HEENT	<i>Nl Abnl</i>	<input type="checkbox"/> Lymph nodes	<i>Nl Abnl</i>	<input type="checkbox"/> Abdomen	<i>Nl Abnl</i>	<input type="checkbox"/> Skin	<i>Nl Abnl</i>	<input type="checkbox"/> Psychosocial Development	<input type="checkbox"/>	<input type="checkbox"/> DENTAL	<input type="checkbox"/>	<input type="checkbox"/> Lungs	<input type="checkbox"/>	<input type="checkbox"/> Genitourinary	<input type="checkbox"/>	<input type="checkbox"/> Neurological	<input type="checkbox"/>	<input type="checkbox"/> Language	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/>	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/> Extremities	<input type="checkbox"/>	<input type="checkbox"/> Back/spine	<input type="checkbox"/>	<input type="checkbox"/> Behavioral
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<b>DEVELOPMENTAL (age 0-6 yrs)</b> <input type="checkbox"/> Within normal limits If delay suspected, specify below <input type="checkbox"/> Cognitive (e.g., play skills) _____ <input type="checkbox"/> Communication/Language _____ <input type="checkbox"/> Social/Emotional _____ <input type="checkbox"/> Adaptive/Self-Help _____ <input type="checkbox"/> Motor _____		<b>SCREENING TESTS</b> <table border="1"> <thead> <tr> <th></th> <th>Date Done</th> <th>Results</th> </tr> </thead> <tbody> <tr> <td><b>Blood Lead Level (BLL)</b> (required at age 1 yr and 2 yrs and for those at risk)</td> <td>____/____/____</td> <td>_____ µg/dL</td> </tr> <tr> <td><b>Lead Risk Assessment</b> (annually, age 6 mo-6 yrs)</td> <td>____/____/____</td> <td><input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk</td> </tr> <tr> <td><b>Hearing</b> <input type="checkbox"/> Pure tone audiometry <input type="checkbox"/> OAE</td> <td>____/____/____</td> <td><input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</td> </tr> <tr> <td><b>Hemoglobin or Hematocrit (age 9-12 mo)</b></td> <td>____/____/____</td> <td>_____ g/dL _____ %</td> </tr> </tbody> </table>			Date Done	Results	<b>Blood Lead Level (BLL)</b> (required at age 1 yr and 2 yrs and for those at risk)	____/____/____	_____ µg/dL	<b>Lead Risk Assessment</b> (annually, age 6 mo-6 yrs)	____/____/____	<input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk	<b>Hearing</b> <input type="checkbox"/> Pure tone audiometry <input type="checkbox"/> OAE	____/____/____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<b>Hemoglobin or Hematocrit (age 9-12 mo)</b>	____/____/____	_____ g/dL _____ %	<b>Tuberculosis</b> <i>Only required for students entering intermediate/middle/junior or high school who have not previously attended any NYC public or private school</i> 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	
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		<b>Head Start Only</b> _____ g/dL _____ %		<b>Vision</b> <i>(required for new school entrants and children age 4-7 yrs)</i> _____/____/____ <input type="checkbox"/> with glasses Acuity Right _____ / _____ Left _____ / _____ Strabismus <input type="checkbox"/> No <input type="checkbox"/> Yes																

<b>IMMUNIZATIONS - DATES</b> CIR Number of Child _____		Influenza _____/____/____ MMR _____/____/____ Varicella _____/____/____ Td _____/____/____ Tdap _____/____/____ Hep A _____/____/____ Meningococcal _____/____/____ HPV _____/____/____ Other, Specify: _____; _____; _____	
Hep B _____/____/____ Rotavirus _____/____/____ DTP/DTaP/DT _____/____/____ Hib _____/____/____ PCV _____/____/____ Polio _____/____/____			

<b>RECOMMENDATIONS</b> <input type="checkbox"/> Full physical activity <input type="checkbox"/> Full diet <input type="checkbox"/> Restrictions (specify) _____ <b>Follow-up Needed</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, for _____ Appt. date: ____/____/____ <b>Referral(s):</b> <input type="checkbox"/> None <input type="checkbox"/> Early Intervention <input type="checkbox"/> Special Education <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other _____		<b>ASSESSMENT</b> <input type="checkbox"/> Well Child (V20.2) <input type="checkbox"/> Diagnoses/Problems (list) _____ <b>ICD-9 Code</b> _____ _____ _____	
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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 State Zip	Date Reviewed: _____/____/____
Telephone (____) _____-____		Fax (____) _____-____	I.D. NUMBER _____
			REVIEWER: _____