

SWAN 2021 Fall AFTER-SCHOOL Registration

Start Date: September 13th, 2021

PHYSICAL PROGRAM ONLY

195 Worth Street (Pre-K-8th), PS. 124 (Pre-K-2nd),
PS. 11 Brooklyn (Inquire with PS11 School Office), NEST (K-2nd)

First-Come-First-Served

(use another registration for Virtual Class)

For Office Use Only

Rev 08252020

Date received: _____

Staff Initial: _____

Assessment Result: _____

Student Name (Please Print): _____ Chinese Name (If Any): _____

Date of Birth: _____ Entering Grade: _____ School: _____

Parent/Guardian Information (Please Print)

() Mother () Father () Legal Guardian

First Name: _____ Last Name: _____

Street Address: _____ Apt: _____ City: _____

State: _____ Zip Code: _____ Home Phone: (____) _____

Email: _____ Mobile Phone: (____) _____

Please answer the following questions:

1) Is your child currently enrolled in SWAN or another Chinese School/Program? Yes No

If "Yes", number of years: _____ Name of School /Program: _____

2) How did you hear about us?

Website Returning Participant SWAN Parents Facebook/Social Media

Other (please specify): _____

REGISTRATION

One Application Per Child. Email Application: info@swan-nyc.org

SWAN PAYMENT AND REFUND POLICY

- **Registration Method:** Email registration form to Info@swan-nyc.org. Form and fee must be received at time of registration to guarantee seat(s). Registration is first-come-first-served.
- **Payment Option:** Check, E-Check or ACH. Credit Card will incur 3% fee. Email Info@swan-nyc.org
- **Payment Plan:** Payment plan is available, please email info@swan-nyc.org for terms and conditions.
- **Donation:** Every dollar makes a difference in running successful classrooms. All donations to SWAN are Tax-Deductible to the full extent by law.
- **Insufficient Fund Payment:** There is \$35 fee for insufficient fund payment. Your child could be at risk of losing his/her seat.

- **On and After 9/01/2021:** \$150 administrative fee for withdrawal per student.
- **No Refund or Make-Up Class** for absentees, vacation, or school closure.
- **SWAN reserves the right to schedule changes.**

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: _____

10-Month School Year

	4-Days Per Week	5-Days Per Week
Early Bird MOST SAVINGS! Ends on 7/05/2021	MOST SAVING!! School Year Tuition: \$2,480 Sibling Discounted Tuition: (5% for 2 nd child or More) \$2,355	MOST SAVING!! School Year Tuition: \$2,830 Sibling Discounted Tuition: (5% for 2 nd child or More) \$2,690
Regular On and after 7/06/2021	School Year Tuition: \$2,630 Sibling Discounted Tuition: (5% for 2 nd child or More) \$2,500	School Year Tuition: \$2,980 Sibling Discounted Tuition: (5% for 2 nd child or More) \$2,830
Pick-up Options: Bus Pick-up: PS. 184 NEST Staff pick-up only: PS. 130 PS. 124 Peck Slip **For new school pick-up, please contact us.	<input type="checkbox"/> Staff Pick-up OR 1-way Bus Pick-up: \$470 annual (\$47 monthly) <input type="checkbox"/> 2-way Bus Pick-up (to True Light from PS. 184 and True Light to PS. 184): \$576 annual (\$57.60 monthly) Pick-up days NOT needed: M Tu W Th F *Pick-up is NOT pro-rated.	

Payment Options:

<input type="checkbox"/> 5 Days	<input type="checkbox"/> 10 month advanced discounted payment (one payment due at registration) <input type="checkbox"/> Payment plan – please email info@swan-nyc.org
<input type="checkbox"/> 4 Days M Tu W Th F	

Discount, Credit and/or Donation:

Credit: I have previously purchased the 2020 Lunar New Year Performance Dinner Ticket(s),
 \$_____.

Donation: \$10 \$25 \$50 All donations to SWAN are Tax-Deductible to the full extent by law.

TOTAL: \$ _____

Child's Name(s): _____

After-School Sampled Schedule 2021 to 2022 Operate on All Opened-School Days

Time	Activity Schedule
3:00pm	*Independent Day School Homework
3:30pm	Snack Time
3:45pm	Mandarin Time Conversational Class and Math Games in Mandarin for Pre-K to 1 st Grade ONLY
4:45pm	Chinese Reading & Writing
5:30pm	Dismissal

Physical Location:
195 Worth Street, Manhattan, NY
PS11 Brooklyn
TBA On-Site Program: PS124, NEST

Pick-Up Available at:
PS124, PS130, NEST and Peck Slip

*During homework time, with students coming from different schools. SWAN teachers will be unable to provide one-on-one tutoring.

2021 - 2022 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: _____
--	--

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