



SWAN – Ages 4 to 14
TBA from NYC 2019 – 2020 School Calendar
Chinese Mandarin – Afterschool Program
Main Office: 90 Bowery, Floor 2, New York
Program Site: 195 Worth Street, New York

| |
|----------------------------|
| For Office Use Only |
| Date rev: _____ |
| Received by: _____ |
| _____ |

Student Name: _____ Chinese Name: _____

NEXT YEAR Grade (2019 – 2020) _____

Day School: _____ Day School Classroom #: _____

| | | | |
|---|--|-----------------------------|-------------|
| 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: (_____) _____ | |

Completed Registration “Must” Include Form and Payment

| Tuition Item | 10-Month Tuition | Sibling Discount 10-Month Tuition (each additional sibling) |
|---|---|---|
| Early Bird (until 5/17/19) | \$2800 | \$2600 |
| On-and-After (5/18/19) | \$2950 | \$2750 |
| Staff Pick-Up from PS130, PS124 & Peck Slip (Min. 10 Students Required Per Location) | \$450 | \$450 |
| 1-Way Bus from PS184 (40 SEATS ONLY) 1-Way Bus from NEST (10 RIDERS REQUIRED) | \$450 \$576 | \$450 \$576 |
| 2-Way Bus From & Returning to PS184 (40 SEATS ONLY) | \$576 | \$576 |
| <u>RECREATIONAL ACTIVITES</u> 4:30pm – 5:30pm Monday or Wednesday – Chess Wednesday – Karate Thursday – Ballet Friday – Small Group Piano | TBA 1 st Session 10/21/19 – 12/20/19 | TBA 1 st Session 10/21/19 – 12/20/19 |
| Total + Add-On Service = | \$ _____ | \$ _____ |

- **Payment Method:** Make check or money order payable to **SWAN** (Include **student’s name** on check).
- **Online Payment:** Contact info@swan-nyc.org or 646-998-5786. \$1.50 Online Payment Processing Fee.
- **Bounced Check Fee:** \$30 bank fee for each bounced check.
- **Refund Policy:** Before 7/7/2019 Refund Tuition - \$50 Administrative Fee. On and After **7/8/2019** – No Refund.
- **Withdrawal Policy:** Tuition fee will not be prorated for withdrawal after program has started.
- **Absence & School Closure:** No refund or make up class for students’ absence and school closure.
- **Participation Requirement:** A minimum of 4-afternoons per week.

By signing this form I agree to the tuition payment and refund policy above. I understand default on payment will cause suspension of after school service immediately.

Parent / Guardian Signature: _____ Date: _____

學生英文姓名：_____ 學生中文姓名：_____

2019-2020 學年就讀年級：_____

白天學校：_____ 白天學校教室號碼：_____

家長/監護人資料 (請正楷書寫)

() 母親 () 父親 () 合法監護人

名：_____ 姓：_____

地址：_____ 市：_____

州：_____ 郵編：_____ 家庭電話：(_____)_____

電郵：_____ 手機：(_____)_____

須遞交報名表和定金才能保證名額

| 學費類別 | 10個月 | 10個月 多子女就讀優惠 (每一額外的子女) |
|---|-------------------------------------|-------------------------------------|
| 提前報名優惠 (5/17/2019 截止) | \$2800 | \$2600 |
| 原價 (5/18/2019 當日或之後) | \$2950 | \$2750 |
| 去 PS130, PS124 以及 Peck Slip 接學生 (每個接送地點須至少 10 個學生) | \$450 | \$450 |
| 單程 PS184 巴士接送(限 40 個坐位) | \$450 | \$450 |
| 單程 NEST 巴士接送 (至少 10 個學生) | \$576 | \$576 |
| 雙程 PS184 巴士接送(限 40 個坐位) | \$576 | \$576 |
| 課後班才藝課 4:30pm – 5:30pm 每週一或週三：國際象棋 週三：空手道 週四：芭蕾 週五：鋼琴 (小班授課) | 即將公佈 第一學期 10/21/19 – 12/20/19 | 即將公佈 第一學期 10/21/19 – 12/20/19 |
| 學費 + 其他服務 = | \$ _____ | \$ _____ |

- 付款方式：支票或匯票，受款人請寫 **SWAN** (支票上請寫上孩子的名字)
網上付款：詳情請通過 646.998.5786 或 info@swan-nyc.org，將收取 1.50 元手續費。
- 銀行退票：每張銀行退票收取 \$30 手續費
- 退款規定：2019 年 7 月 7 日當日或之前 (收取 \$50 手續費)。2019 年 7 月 8 日當日或之後恕不退款。
- 退學規定：若中途退學，恕不按已上課日數和未上課日數的比例退款，亦恕不按照已繳納學費的比例來計算可上課日數並延後終止課後班服務的日期。
- 缺席和停課：若有缺席或停課的情況，不提供退款或補課。
- 報名條件：須至少參加四個下午。

在此表格簽名代表我在此表所填的所有資料以及提交的任何其他文件都是真實的。我瞭解提供不真實或偽造的文件將承擔法律責任。我同意上述付款和退款規定。我也清楚知道遲交或不交款會馬上終止我的孩子參加課後班課程的資格。

家長 / 監護人簽名：_____

日期：_____

2019 -2020 Participant Information 參加學生資料

- Last Name 姓: _____ First Name 名: _____
- Gender 性別: Male 男生 Female 女生
- Birth Date 出生日期: _____
- 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
- 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: _____ |
|--|--|

- Primary Language 主要使用語言: Mandarin 普通話 Cantonese 廣東話 English 英文
 Other 其他: _____
- 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:

- 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: _____
- 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:

- Last Name 姓: _____ First Name 名: _____
Relationship to applicant 和申請者關係: _____
- 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): _____

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。

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. 我同意展望中美國際學校統政策、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。

Parent 家長 / Guardian Signature 監護人簽名: _____

Date: _____

2019 – 2020 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 _____, whose date of birth is _____.
Name of child
Month/day/year

I understand that this 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 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.

2019 - 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，展望中美國際學校可以通過各種媒介（包括書籍、新聞稿、網站等）展示有關照片。

Parent 家長 / Guardian Signature 監護人簽名: _____

Date: _____



展望中美國際學校中文課後班-4歲至14歲
 2019年9月到2020年6月課程日期即將公佈
辦公室地址：包厘街90號2樓
上課地址：紐約市沃斯街195號

| |
|----------------------------|
| For Office Use Only |
| Date received: _____ |
| Received by: _____ |

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If you do not wish for your child to participate in photo/video, please complete the section below

I **DO NOT** give permission for my child to be photographed or otherwise recorded during 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

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 _____

Please Return Completed Form to SWAN Office
 請將填妥的表格寄回SWAN辦公室

Email 電郵: info@swan-nyc.org

Telephone 電話: 646.998.5786

Office / Mailing Address 辦公室: SWAN, 90 Bowery, Floor 2, Ny, Ny 10013