swan
Chinese-American International School
展望中美國際學校
A Program of Shuang Wen Academy Network

2019 Summer Program Registration Form
Monday-Friday, 8:30am-5:30pm
7/8/2019 to 8/16/2019

For Office Use Only

Date received: _____
Staff Initial: _____

Rev012019

REGISTRATION OFFICE

90 Bowery, Floor 2. NY, NY, 10013 (Monday to Friday, 10am to 6pm)
Email Application: info@swan-nyc.org
Tel: 646-998-5786 Fax: 347-748-9693

PROGRAM LOCATION

Entering Pre-K to Eighth Grade: NEST+M. 111 Columbia St.
Preschool Entering Pre-K: 90 Bowery, Floor 2 (separate registration form – limited seats)

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

Current Grade:_____ Current 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):_____

PAYMENT AND REFUND POLICY

- **Registration Method:** Register in-person at 90 Bowery, Floor 2 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 for $1.50 processing fee, please call office at 646.998.5786 or email Info@swan-nyc.org .
- **Payment Plan**: Payment plan is available, please call 646.998.5786 or email 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 $35.00 fee for each bounced check. Your child could be at risk of losing his/her seat.
- **Fieldtrip Cancelation Due to Inclement Weather:** Fieldtrip cancellation due to rain or inclement weather condition is non-refundable.

- **On and Before 3/01/2019:** Tuition refundable. T-Shirt and Fieldtrip Fees are non-refundable.
- **03/02/2019 – 6/01/2019**: Tuition refundable with $100 administrative penalty fee per student. T-Shirt and Fieldtrip Fees are non-refundable.
- **On and After 6/02/2019**: No refund on tuition, t-shirt and fieldtrip fee.

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: _____**

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2019 展望中美國際學校暑期班報名表
4.5 歲至 14 歲，7 月 8 日至 8 月 16 日
週一至週五，上午八點半至下午五點半

For Office Use Only

Date received: _____
Staff Initial: _____

Rev 02262018

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
電話: 646-998-5786 傳真:347-748-9693

課程地點

4 至 14 歲: NEST+M. 哥倫比亞街 111 號
4 歲: 展望中美國際學校，包厘街 90 號二樓（另外的報名表，名額有限）

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 ☐SWAN 學校家長 ☐ 其它（請注明）_____

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。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**:- 支票或匯票，受款人請寫 ***SWAN***（請寫上孩子名字）
  - 網上付款加$1.50 網上付款手續費（請致電 646.998.5786 或電郵 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 知曉分期付款更多信息
- **銀行退票：**每張銀行退票收費$35.00, 您的孩子可能因為退票而失去參加暑期班的資格
- **捐款：**每一分的捐款都對我們運營暑期班有巨大的影響。所有給展望中美國際學校的捐款依法可抵稅
- **旅行取消:** 由於下雨或惡劣天氣導致旅行取消之下, 旅行費用是不予退款。

- **2019 年 3 月 1 日或之前:** 家長可獲全額學費退款. **制服,材料費和旅行費用不能退還**
- **2019 年 3 月 2 日-2019 年 6 月 1 日:** 學費退款家長必須支付每個學生 100 元行政手續費，**制服,材料費和旅行費用不能退還**
- **2019 年 6 月 2 日當天或之後:** 所有暑期班相關費用包括旅行費用，不能退款

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/監護人姓名: _____ 家長/監護人簽名: _____

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

Summer Program	*Early Bird Deadline – 2/15/2019*	*Regular Rate – On and After 2/16/2019*
Entering Kindergarten – Entering 8th Grade	□ $1,500 – Entering K – Entering 8th	□ $1,675 – Entering K – Entering 8th
Sibling Discount **Entering Kindergarten to Entering 8th Grade** *2nd Sibling and More	□ $1,400 – Entering K – Entering 8th	□ $1,575 – Entering K – Entering 8th
Entering Pre-Kindergarten (born 2015)	□ $1,855 – Entering Pre-Kindergarten □ $1,805 – Sibling Discount	□ $1,955 – Entering Pre-Kindergarten □ $1,905 – Sibling Discount
Friday Fieldtrip Swimming at Seahorse Students Event	□ (TBA on 3/4/2019 – Optional & Additional Cost)	
Educational Material Fee	□ $40 per child □ Donation: _____ Donate $10 & Up for more learning resources.	
	Total: $ Child's Name:_____ Today's Date: _____	

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只有遞交報名表以及報名費才可保證暑期班名額

暑期班	*提前報名優惠 - 2/15/2019 截止日期*	*正常費用 - 2/16/2019 之後*
升幼稚班至升八年級	□ $1,500 - 升幼稚班至八年級	□ $1,675 - 升幼稚班至八年級
多子女就讀優惠 **升幼稚班至升八年級** *兩個及以上子女	□ $1,400 - 升幼稚班至八年級	□ $1,575 - 升幼稚班至八年級
升預幼班 **（2015 年出生）**	□ $1,855 - 升預幼班 □ $1,805 - *兩個及以上子女	□ $1,955 - 升預幼班 □ $1,905 - *兩個及以上子女
***每周五旅行** ***游泳課程** ***學生活動**	□ （3/4/2019 公佈 - 額外費用）	
教學材料費用	□ $40/學生 □ 捐贈: _____ 爲了更多的學習資源考慮捐贈$10 及以上	
	總額: $ 學生姓名:_____ 今天日期: _____	

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2019 Student Information Form
2019 學生信息表

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 緊急聯係人:

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: _____

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 you 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。

☐ **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。**

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

Parent/Guardian Signature 家長/監護人簽名: _____Date 日期:_____

2019 SUMMER

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.

SIGNATURE OF PARENT OR GUARDIAN DATE

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.

SIGNATURE OF PARENT OR GUARDIAN DATE

2019 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。

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** ☐ Female ☐ Male | **Date of Birth** *(Month/Day/Year)* __ __ / __ __ / __ __ __ __

Child's Address | **Hispanic/Latino?** ☐ Yes ☐ No | **Race** *(Check ALL that apply)* ☐ American Indian ☐ Asian ☐ Black ☐ White ☐ Native Hawaiian/Pacific Islander ☐ Other _____

City/Borough | State | Zip Code | School/Center/Camp Name | District Number __ __ __ | **Phone Numbers** *Home* _____ *Cell* _____ *Work* _____

Health insurance (including Medicaid)? ☐ Yes ☐ 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)*

Birth history *(age 0-6 yrs)*

☐ Uncomplicated ☐ Premature: _____ weeks gestation

☐ Complicated by _____

Allergies ☐ None ☐ Epi pen prescribed

☐ Drugs *(list)* _____

☐ Foods *(list)* _____

☐ 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):* ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent

If persistent, check all current medication(s): ☐ Inhaled corticosteriod ☐ Other controller ☐ Quick relief med ☐ Oral steroid ☐ None

☐ Attention Deficit Hyperactivity Disorder
☐ Chronic or recurrent otitis media
☐ Congenital or acquired heart disorder
☐ Developmental/learning problem
☐ Diabetes *(attach MAF)*
☐ Orthopedic injury/disability
☐ Seizure disorder
☐ Speech, hearing, or visual impairment
☐ Tuberculosis *(latent infection or disease)*
☐ **Other** *(specify)* _____

Explain all checked items above or on addendum

Medications *(attach MAF if in-school medication needed)*

☐ None ☐ Yes *(list below)*

_____

_____

Dietary Restrictions

☐ None ☐ Yes *(list below)*

_____

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:

	NI	Abnl		NI	Abnl		NI	Abnl		NI	Abnl		NI	Abnl
☐	☐	HEENT	☐	☐	Lymph nodes	☐	☐	Abdomen	☐	☐	Skin	☐	☐	Psychosocial Development
☐	☐	Dental	☐	☐	Lungs	☐	☐	Genitourinary	☐	☐	Neurological	☐	☐	Language
☐	☐	Neck	☐	☐	Cardiovascular	☐	☐	Extremities	☐	☐	Back/spine	☐	☐	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
	__/__/__	_____ µg/dL
Lead Risk Assessment *(annually, age 6 mo-6 yrs)*	__/__/__	☐ At risk *(do BLL)* ☐ Not at risk
Hearing ☐ Pure tone audiometry ☐ OAE	__/__/__	☐ Normal ☐ Abnormal
Head Start Only		
Hemoglobin or Hematocrit *(age 9–12 mo)*	__/__/__	_____ g/dL _____ %

	Date Done	*Results*
Tuberculosis *Only required for students entering intermediate/middle/junior or high school who have not previously attended any NYC public or private school*		
PPD/Mantoux *placed*	__/__/__	Induration _____mm
PPD/Mantoux *read*	__/__/__	☐ Neg ☐ Pos
Interferon Test	__/__/__	☐ Neg ☐ Pos
Chest x-ray *(if PPD or Interferon positive)*	__/__/__	☐ NI ☐ Abnl ☐ Not Indicated
Vision *(required for new school entrants and children age 4–7 yrs)*	__/__/__ ☐ with glasses	Acuity *Right* ___ / ___ *Left* ___ / ___ Strabismus ☐ No ☐ 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 __ __ / __ __ / __ __

Health Care Provider Name and Degree *(print)* | Provider License No. and State

Facility Name | National Provider Identifier (NPI)

Address | City | State | Zip

Telephone (__ __ __) __ __ __ – __ __ __ __ | Fax (__ __ __) __ __ __ – __ __ __ __

DOHMH ONLY **PROVIDER I.D.**

TYPE OF EXAM: ☐ NAE Current ☐ NAE Prior Year(s)

Comments

Date Reviewed: __/__/__ **I.D. NUMBER**

REVIEWER:

Copies: **White** School/Child Care/Early Intervention/Camp, **Canary** Health Care Provider, **Pink** Parent/Guardian