

## 2019-20 Afterschool Programs 2019-20 年課後輔導班

□ PS 2 □ PS 42 □ PS 124 □ PS 126 □ PS 130

Student's Name 學生姓名:		(中文):	
Current School			
就讀學校:	Grade 年級:		
PRIMARY PARENT/GUARDIAN INFO	RMATION 主要家長/監護人資	料	
Name 姓名:	(中文):	Relationship 關係	
Phone # 電話號碼:	微信/WhatsApp:		Email:
Address	City/State	Zipcode	
住址:	城市/州:	郵政編碼:	
Please check one 請選一:			
□Super Early Bird Rate 提前報名優	>惠 (Fnds 6/26/19 截止) \$1500		
□Summer Early Bird Rate 夏季報		00	
□Regular Rate 原價 (On or After 8)			ee/學費\$
		•	
Applicable Discounts 其它優惠 (Ple	ease check all that apply 請勾選/	听有適用項	
☐My child was enrolled in 2019 ISS	• • •		<b>-</b> \$
孩子是 2019 暑期班學生: \$50	優惠		·
☐My child is a sibling of registered			<b>-</b> \$
, 孩子已有兄弟姊妹報名輔導班			
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Total Balance 總額			= \$
Payment <b>付款</b>			
☐ I would like to pay the total fee	•		
• •	illments 我想分兩期付款 (\$ tota		
☐ I would like to pay in Four insta	allments <b>我想分四期付款</b> (\$ tot	al balance 總額/4)	
PAYMENT DUE TODAY 今天付款			\$
			·
Payment Information			
Check or Monday order in the amo	unt of \$ is enclosed. Ma	ake check payable to "Im	migrant Social Services".
(Please include student's name on	check.)		

If you choose to pay in installments, we will contact you about payment schedule.

**Bounced Check Fee:** \$35 bank fee for each bounced check.

**Refunds** will be given to students who withdraw within the first four weeks of the program. You will be charged a prorated fee for the first month of the program and a processing fee of \$25.

#### 付款資料

附上支票或匯票,受款人請寫 Immigrant Social Services (支票上請寫孩子的名字)

銀行退票: 每張銀行退票收取 \$35 手續費

退款規定:如開學四週內退學,我們會按照以上課日數比例退款,不包括\$25手續費。

By signing this form, I agree to the fee payment and refund policy.

在此表格簽名代表我同意上述付款和退款規定。

Please make sure to submit the following forms before the first day of program to complete the registration process:

- 1. Health Record for Children in Day Camps & Afterschool & Youth Centers
- 2. Child Health Examination Form (to be filled out by your child's physician)

輔導班開始前,請務必提交以下表格以完成註冊過程:

- 1. 兒童健康記錄表
- 2. 兒童健康檢查表(由您孩子的醫生填寫)

Thank you! 謝謝!



# Student Information Form 學生信息表

		<del>_</del>			
School Site: PS 2 PS 42 PS 124	Program:				
□ PS 126 □ PS 130	☐ Afterschool ☐ Summer	School Year:			
Child's Name 學生姓名:		(中文):			
Gender 姓別: ロ Male 男 ロ Female 女	D.O.B. <b>出生日期</b> : /	/ Grade 年級:			
Address	City/State	Zipcode			
Address 住址:	ばy/state 城市/州:	郵政編碼:			
	<del>ሃ</del> ሃ/ ነገ/ ነገן.	型以及			
Current School	_				
就讀學校:	ELL: 🛭 Yes 是 🗖	No 不是 IEP: ロ Yes 有 ロ No 沒有			
Drimany Languages at Home	sh 英語 ロ Mandarin 國語/管	孫託 口 Cantonoco 度車託			
	nese 福建話 ロ Spanish 西班				
家庭的主安語言: Li Fujidi	iese 抽建品 🗆 Spanish 四功	:7 品 O Other 央心:			
Has your child participated in ISS programs I	pefore?	If yes, which year?			
你的孩子以前參加過華僑社會福利社輔導		• • •			
If your child is enrolled for the first time, ho					
about our program? 如果小孩是華僑社會社會社會社會社會社會社會社會社會社會社會社會社會社會社會社會社會社會社會	曲利私期等班				
新生,您是透過那裏得知我們的活動?					
If someone referred you, please tell us their	name?				
如受人推薦,請填寫推薦人姓名。					
PRIMARY PARENTS/GUARDIANS INFORM	AATION 主亜宏트/欧维人	<b>答</b> 业:			
PRIMARY PARENTS/GUARDIANS INFORM	MATION 工安多女/ 益碳人!	<b>具作</b>			
4.No		Deletie sekie 即 <i>任</i>			
1.Name 姓名:	(中文):	Relationship 關係			
2. "南红哈炸	<b>业</b> /= /	<b>.</b>			
Phone # 電話號碼:	微信/WhatsApp:	Email:			
2.Name 姓名:	(中文):	Relationship 關係			
Phone # 電話號碼:	微信/WhatsApp:	Email:			
EMERGENCY CONTACTS 緊急聯絡人					
4 1 14 47	( <del></del>	5 L .: 1: 88 <i>15</i>			
1.Name 姓名:	(中文):	Relationship 關係			
Phone #	Additional Phone #	微信/			
電話號碼:	其它電話號碼:	WhatsApp:			
2.Name 姓名:	(中文):	Relationship 關係			

Phone # 電話號碼:	Additional Phone # 其它電話號碼:	微信/ WhatsApp:
PICKUP AUTHORIZATION 1		
-		
The following individuals have 我允許下列人士接送我的子	my permission to pick up my child. (Photo ID 女。(需出示身分證明。)	required.)
4 N +4-67	Phone #	Relationship
1.Name 姓名:	電話號碼: Phone #	關係: Relationship
2.Name 姓名:	電話號碼:	關係:
	Phone #	Relationship
3.Name 姓名:	電話號碼:	關係:
我准許我的子女活動完畢行 I authorize my child to sign of	e on his/her own after the program is over for th 後自己回家 (學生必須 11 歳或以上。) out his/her younger sibling(s) and leave togethe	
我准許我的子女活動完畢後帶	他的弟妹一起回家。	
Signature of Parent/Guardiar	家長/監護人簽名	
LETTER OF CONSENT 輔導班	同意書	
programs at Immigrant Social Se necessary decisions concerning understand and agree that after	is presently a registrant at ervices Inc. I, as parent or legal guardian, author the safety of my child in case of any emergency the program hour/dismissal time, my child will on arranged by myself. The agency bears no respervices Regulation 414.8(g).)	rize you on my behalf to make r during program hours. I also I walk home by him/herself, or will be
I grant permission for my child t	o use all equipment and participate in all activit	ties at ISS programs.
	o leave the school premises under adequate su my understanding that these trips may be take	
Immigrant Social Services, Inc. is himself/herself, peers and adult field trips. Field trip expenses m	to leave the school premises for field trips, eg. list open to all students, however if we deem a chast in the school, we will require additional parentust be paid for by the parent/guardian. If this part discharge your child from our program.	ild exhibiting unsafe behavior to tal support in the classroom and on
	華僑社會福利社在課後補習班及暑假夏令營 解而且同意我的孩子在放學或者解散後 <sup>,</sup> 自	

我准許我的小孩使用華華僑社會福利社所有的設備及參加華福社所有活動。

我准許我的小孩在足夠工作人員前提下,離開學校去鄰近地區公園散步和旅行。我了解這些旅行會在沒有進一步通知我的情況下發生。

我准許我的小孩為了去遠足或戶外教學而離開學校,例如去圖書館,看電影等。

所有學生都可參加華僑社會福利社的輔導班和活動,但是如果我們認為學生在學校對自己,同學和成人有不安全行為,我們將要求父母在課堂上和旅遊/實地考察時有更多的支持。旅遊/實地考察的費用必須由家長/監護人支付。如果這次合作未得到滿足,華僑社會福利社將保留學生被要求終止參加課程的權利。

### CONSENT TO PHOTOGRAPH/VIDEO/INTERVIEW 照相/錄影/訪問同意書

ISS Afterschool/Summer Program may have programs that include special events in and outside the school. In such an event, it is possible that the media, in the form of television, newspaper or journals may be invited, or may appear or their own accord to document such an event. In these cases, they might photograph, video or interview your child and such may be used to promote the ISS Afterschool/Summer Program.

Please check one:	
☐ I give permission for my child to be photographed/videoed or interviewed in t and for ISS website, social media, and brochures.	he event of these special programs
I do not give permission for my child to be photographed/videoed or interview programs for ISS website, social media, and brochures.	ved in the event of these special
華僑社會福利社課後輔導班及暑期班課程可能會有包括其他另外的課程活動別活動,果有特別活動時,我們可能會邀請電視·報社或新聞雜誌媒體來採活動自動來參與,他們可能會照相·錄影或訪問你的小孩,這些是為了提昇夏令營課程活動。	訪,他們媒體也可能為了記錄這項
請選一:	
□我准許我的孩子的照片或錄影出現在媒體或華僑社會福社的網站、社群媒	:體台和刊物。
□我不准許我的孩子的照片或錄影出現在媒體或華僑社會福社的網站、社群	媒體台和刊物。
I have read and fully understand the statements above and the policies detailed. 我明白和同意華僑社會福社補習班課程和活動的政策。	
Signature of Parent/Guardian 家長/監護人簽名	Date 日期

### HEALTH RECORD FOR CHILDREN IN DAY CAMPS & AFTERSCHOOL & YOUTH CENTERS

(This side to be filled in by parent before presentation to physician)

NAME OF PROC	RAM					
				/	/	$M \square F \square$
	LAST NAME	FIRST NAME		BIRTHD	ATE	SEX
Home Address: _				Phone: .		
Parent or Guardia	n:			Phone:		
Place of Employm	nent: Father (Guardian)			Phone: -		
Time of Employin	Mother (Guardian)					
In case of emerger	ncy, notify:			Phone:		
If Parent Guardia	n are not available in an emergeno	ev notify:				
	in the not available in the emergence	•		Phone:		
Important: Has	this camper been exposed to any	communicable disease	during the thr	ee weeks 1	orior to car	an attendance:
_		exposure:	-	-		-
HEALTH HISTO	<b>DRY:</b> (Check box if child has had	afflictions give approp	riate dates)			
	THE CHECK DOX II CHIIC HAS HAC		ergies			
	Rheumatic Fever		Hay Fever_			
	Seizures		Poison Ivy, e	etc		
	Diabetes		Insect Stings	-		
	Asthma		Penicillin			
	Chicken Pox		Other Drugs			
			Food			
Other Past Illness	es					
Operations or Seri	ous Injuries (Dates)					
Hospitalization (E	Dates)					
	ing Illness					
Any specific activ	ities to be encouraged?					
Conditions that r	require activity to be restricted?					
Permission for all	program activities unless otherwi	se noted by Dr				
Appliance worn	(glasses, contacts, etc.)	-				
Medication taker	1					
Suggestion from I	Parent/Guardian					
	CONSENT FOR E e authority to the Day Camp and Y I treatment for my child with the un	•	and Youth Cen	ter Progra		•
Relationship	Signature		Date		_ Tel.#	
Department of He	ealth and Mental Hygiene — T	he City of New York	Bureau of	Food Safe	ety and Co	mmunity Sanitatio

CHILD & ADOLESCENT HE NYC DEPARTMENT OF HEALTH & MENTAL HYGIEN			FOR	M Please Print Clearly Press Hard		NUMBE OS		
TO BE COMPLETED BY PARENT				*****		<b></b>		
Child's Last Name	First Name			Middle Name		Sex	I	Birth (Month/Day/Year)
Child's Address		I	-	/Latino? Race (Che	ck ALL that apply) ative Hawaiian/Paci		can Indian 🗌 Asian	☐ Black ☐ White
City/Borough	State Zip Code	School/Center/Ca	amp Nam	ne		Dist Num		Numbers
Health insurance	Name	<u> </u>		First Name				
(including Medicaid)?   No Foster Parent							Work _	
TO BE COMPLETED BY HEALTH	CARE PROVIDER	If "yes"	to an	y item, pleas	se explain	(attac	h addendum,	if needed)
Birth history (age 0-6 yrs)	Does the child/adolesce  ☐ Asthma (check severity	-	-	-	-	tent □ N	Moderate Persistent □	Severe Persistent
☐ Uncomplicated ☐ Premature: weeks gestat							relief med   Oral ste	
Complicated by		☐ Attention Deficit Hyperactivity Disorder ☐ Orthopedic injury/disability ☐ Chronic or recurrent offits media ☐ Seizure disorder ☐ None ☐ Ves. (list below)						
Allergies ☐ None ☐ Epi pen prescribed	☐ Congenital or acquire	ed heart disorder		Speech, hearing, or vi	•		None	elow)
☐ Drugs (list)	<ul><li>Developmental/learni</li><li>Diabetes (attach MAF)</li></ul>	ing problem		Tuberculosis (latent infe Other (specify)	ection or disease)			
☐ Foods (list)							y Restrictions None ☐ Yes (list b	nalow)
Other (list)		Explain all chec	ked item	s above or on adde	ndum		Notic 🗀 les (list b	GIOW)
PHYSICAL EXAMINATION	General Appe	earance:						
Height cm (_	%ile) NI Abnl	NI Abni		NI Abnl	NI Abnl	CI.:-	NI Abnl	ial Davidsonat
Weight kg (_	— — %ile)   □ □ HEE				nen   🗌 🗌 urinary   🗎 🗎	Skin Neurolog		osocial Development Jage
BMI kg/m² (_	%ile)		rdiovascu	ılar 🗀 🗆 Extrem	nities 🔲 🗆	Back/sp	ine 🗆 🗆 Behav	ioral
Head Circumference (age ≤2 yrs) cm (_	%ile) Describe abn	ormalities:						
Blood Pressure (age ≥3 yrs) / /	_							
<b>DEVELOPMENTAL</b> (age 0-6 yrs) ☐ Within normal limits	SCREENING TESTS	Date Do	one	Results	_		Date Done	Results
If delay suspected, specify below	Blood Lead Level (BLL)	//		μg/dL	Tuberculosis	Only requi	red for students entering inter not previously attended any N	rmediate/middle/junior or high school NYC public or private school
☐ Cognitive (e.g., play skills)	(required at age 1 yr and 2 yrs and for those at risk)	//		μg/dL	PPD/Mantoux <i>pl</i>		//	Indurationmm
	Lead Risk Assessment			☐ At risk (do BLL)	PPD/Mantoux re			□ Neg □ Pos
Communication/Language	(annually, age 6 mo-6 yrs)	//		☐ Not at risk	- Interferen Teet			□ Nog □ Dog
☐ Social/Emotional	Hearing  ☐ Pure tone audiometry			☐ Normal	Interferon Test			□ Neg □ Pos
☐ Adaptive/Self-Help	□ OAE	//		Abnormal	Chest x-ray (if PPD or Interfero	n positive)	//	☐ NI ☐ Not ☐ Abnl Indicated
	Hemoglobin or	—— Head Start	g/dL Vision (required fo		Vision			Acuity Right /
☐ Motor	Hematocrit (age 9–12 mo)	//			(required for new school entrants and children age 4–7 yrs)		// with glasses	Left / Strabismus □ No □ Yes
IMMUNIZATIONS – DATES CIR Number			1_					
of Child	1 1		MMF	enza	/	/	//	
Rotavirus / /		/ /	Vario		/	/	//	//
DTP/DTaP/DT//	//	//	Td	Jona	/	,		
//	//	//	Tdap	p//	_	Нер А	/	///
Hib////////	//	//	Men	ingococcal	/	/	//	
PCV////////	/	.//	HPV		/	1	//	
Polio/////////	//	.//	Othe	er, Specify:		/;		//
<b>RECOMMENDATIONS</b> ☐ Full physical activity ☐ Full	diet		ASSE	SSMENT Well	Child (V20.2)	Diagno	oses/Problems (list)	ICD-9 Code
Restrictions (specify)			-					
Follow-up Needed	•	//	-					
Referral(s): ☐ None ☐ Early Intervention ☐ Spec	ial Education   Dental	☐ Vision						
Other			<u> </u>		le le		220//22	
Health Care Provider Signature			[	Date/		ONLY	PROVIDER I.D.	
Health Care Provider Name and Degree (print)	Health Care Provider Name and Degree (print) Provider Lie		ense No.	ense No. and State			XAM: NAE Curre	ent NAE Prior Year(s)
Facility Name		National Pro	ovider Identifier (NPI)			Comments		
Address	City			State Zip	D	ate	-	I.D. NUMBER
Tolonhono	For				R	eviewed:	/	
Telephone ()	Fax (	)			F	REVIEWER		