

# Little Sweet Angel

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## Afterschool Registration Form Formulario de Inscripción

LAST NAME Apellido: \_\_\_\_\_

FIRST NAME Primer Nombre: \_\_\_\_\_

GENDER Género:  F Hembra  M Masculine

D.O.B (MM/DD/YY) Fecha de Cumpleaños (月/日/年): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

HOME ADDRESS DIRECCION DE CASA: \_\_\_\_\_

SCHOOL: P.S. \_\_\_\_\_ **214** \_\_\_\_\_ Grade Calificación: \_\_\_\_\_

FATHER'S NAME NOMBRE DEL PADRE: \_\_\_\_\_

PHONE NUMBER NÚMERO DE TELÉFONO \_\_\_\_\_

MOTHER'S NAME NOMBRE DE LA MADRE \_\_\_\_\_

PHONE NUMBER NÚMERO DE TELÉFONO \_\_\_\_\_

### EMERGENCY CONTACT CONTACTO DE EMERGENCIA

PERSON NAME NOMBRE DE LA PERSONA: \_\_\_\_\_

RELATIONSHIP RELACIÓN: \_\_\_\_\_

PHONE NUMBER NÚMERO DE TELÉFONO: 1. \_\_\_\_\_

### Food, Medication or environmental ALLERGIES ALERGIAS alimentarias, medicamentosas o ambientales

WHICH OF HEALTH INSURANCE DOES STUDENT HAVE? Cual de seguro de salud tiene la estudiante?

PRIVATE HEALTH INSURANCE  MADICAD  CHILD HEALTH PLUS B

### IMPORTANT: PARENT/GUARDIAN MUST SIGNA AFTER READ

I do hereby authorize to the Sweet Angels staff to give and obtain necessary emergency medical treatment for my child, with the understanding that the family will be notified as soon as possible. I understand that I am responsible for my child medical or medication needs and further agree that in an emergency and/or if cannot be reached, the Sweet Angel, through its agents and employees, may take whatever action is deemed necessary with respect to my Childs health and safety. I authorize the Sweet Angels, its agents and employees, to place my child, at their discretion and without my further consent, in a hospital or in the care of a medical professional for medical services and treatment and to arrange necessary related transportation for me and/or my child. I understand that I will be fully responsible for any fees and expenses for any service and/or treatment.

I understand that if I change my contact information; such as contact number and house address; I will immediately notify the Sweet Angel. I understand the after-school director reserves the right to dismiss a student who, after careful consideration and examination, is deemed a hazard to the safety or rights of others persons.

I HEREBY CERTIFY THAT I HAVE READ AND ACCEPTED ALL THE ABOVE CONDITIONS AND THE INFORMATION THAT I PROVIDED ABOVE IS ACCURATE

PARENTS SIGNATURE FIRMA DE LOS PADRES X \_\_\_\_\_ DATE FECHA: \_\_\_\_\_