

Little Sweet Angel

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Afterschool Registration Form 報名表

LAST NAME 學生姓氏: _____

FIRST NAME 學生名字: _____

GENDER: F 女孩 M 男孩

D.O.B (MM/DD/YY) 出生日期 (月/日/年): _____ / _____ / _____

HOME ADDRESS 家的地址: _____

SCHOOL 目前就讀學校: P.S. _____ Grade 年級: _____

FATHER NAME 父親名字: _____

PHONE NUMBER 電話 _____ EMAIL 電子信箱 _____

MOTHER NAME 母親名字 _____

PHONE NUMBER 電話 _____

EMERGENCY CONTACT 緊急聯絡人 (MUST A DIFFERENT PERSON FROM LIST ABOVE 必需是與父母不同名字的人)

PERSON NAME 名字: _____ RELATIONSHIP 與學生關係: _____

PHONE NUMBER 電話: 1. _____ 2. _____

PHYSICIANS NAME 家庭醫生名字 _____ PHONE NUMBER 電話 _____

Food, Medication or environmental ALLERGIES 食品、藥物或環境過敏 _____

WHICH OF HEALTH INSURANCE DOES STUDENT HAVE? 學生有那一種健康保險?

PRIVATE HEALTH INSURANCE MADICAD CHILD HEALTH PLUS B

IMPORTANT: PARENT/GUARDIAN MUST SIGN AFTER READ 家長/監護人閱讀後請簽名

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 Little 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 家長簽名 X _____ **DATE 日期:** _____