

LITTLE SWEET ANGEL Learning Center

31-14 140th St, Flushing, NY 11354 Phone: 917.678.0675

Email: nycsweetangel@gmail.com www.nycsweetangel.com

Registration Form 報名表

First Name 學生名字 _____ Last Name 學生姓 _____

Date of Birth (mm/dd/yy) 出生日期 (月/日/年) _____ / _____ / _____

Current School 現在就讀學校 _____ Grade in September 九月入學年級 _____

Primary Contact Information 家長資料

Parent's Name 家長名字 _____ Relationship to Child 與學生關係 _____

Phone Number 電話 _____ Email 電子信箱 _____

Phone Number 電話 _____ Email 電子信箱 _____

Home Address 家的地址: _____

EMERGENCY CONTACT 緊急聯絡人 (DIFFERENT PERSON FROM LIST ABOVE 必需與上述家長不同名字的人)

For in case of emergency or if child is sick in school. Anyone not listed will not be authorized to pick up your Child at dismissal. 填寫緊急聯絡人是為了萬一孩子在學校生病或有緊急狀況如果聯繫不上父母。同時在放學時間任何未登記的緊急聯絡人將無權接您的孩子。

Name 名字 _____ Relationship 關係 _____ Phone 電話 _____

Name 名字 _____ Relationship 關係 _____ Phone 電話 _____

Name 名字 _____ Relationship 關係 _____ Phone 電話 _____

*** ALLERGIES/MEDICAL CONDITION 過敏/醫療狀況:

Terms and Conditions

1. There will be no refund processing fee if you wish to drop out of the program before the refund deadline.
2. There are no refunds for sick days or absences due to personal or family related reasons.
3. Parent/guardian grants permission to Little Sweet Angel to use photographs/videos taken during program activities such as classroom activities. on print/web or other media for promotional, informational and advertising purposes.

Print Name _____ Signature _____ Date _____

Parental Consent

Important: Parent/guardian must sign after read **家長/監護人閱讀後請簽名**

I do hereby authorize to the Little Sweet Angel 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 Little Sweet Angels, through its agents and employees, may take whatever action is deemed necessary with respect to my child's health and safety. I authorize the Little 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 Little Sweet Angels.

I understand the Little Sweet Angels 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.

我特此授權小天使工作人員在緊急情況為我的孩子提供和獲得必要的醫療，並理解小天使會將盡快通知家人。我理解我會對我孩子的醫療和藥物需求負責，並進一步同意，在緊急情況和/或無法聯繫到我們的情況下，**Little Sweet Angel** 可以通過其代理人和員工會以我的孩子的健康和 safety 採取任何認為必要的行動。我授權**Little Sweet Angel**及其代理人和員工在未經我進一步同意的情况下，自行決定將我的孩子送入醫院或由醫療專業人員照顧以接受醫療服務和治療，並為我給我的孩子安排必要的相關交通工具。我明白我將對以上所述的服務和/或治療的任何費用和開支負全部責任。

我明白，如果我更改我的聯繫信息；如聯繫電話和家庭住址；我會立即通知小天使。我理解小天使的負責人保留開除學生的權利，如果該學生在經過仔細審查和考慮後被認為危害了他人的安全或權利。

我在此證明我已閱讀並接受所有上述條件和我在上面提供的信息是準確的。

Print Name _____ Signature _____ Date _____