



SWAN – Ages 4 to 14
Sep 5th, 2018 – June 21st, 2019
Chinese Mandarin – Afterschool Program
Main Office: 90 Bowery, Floor 2, New York
Program Site: 195 Worth Street, New York

For Office Use Only
Date rev: _____
Received by: _____

Student Name: _____ Chinese Name: _____

2017-2018 Grade: _____ 2018 – 2019 Grade _____

2018-2019 School: _____ Day School Classroom #: _____

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: (_____) _____	

First-Come-First-Served. Completed Registration “Must” Include Form and Payment

	ONE TIME PAYMENT TUITION FEE	TWO PAYMENT TUITION FEE	ONE TIME PAYMENT SIBILING DISCOUNT (2 nd Sibling and more)	TWO PAYMENT TUITION FEE SIBILING DISCOUNT (2 nd Sibling and more)
EARLY BIRD ENDS 7/8/2018	\$2,600 10-MONTH (\$260 per month)	Two Payments Tuition \$1,325 (Due Now) \$1,325 (Due 9/28)	\$2,340 10-MONTH (\$234 per month)	Two Payments Tuition \$1,195 (Due Now) \$1,195 (Due 9/28)
REGULAR RATE On-and-After 7/9/2018	\$2,700 10-MONTH (\$270 per month)	Two Payments Tuition \$1,375 (Due Now) \$1,375 (Due 9/28)	\$2,430 10-MONTH (\$244 per month)	Two Payments Tuition \$1,240 (Due Now) \$1,240 (Due 9/28)
Payment Due Today	\$	\$	\$	\$
Other Services Please check off to register NOW Payment Due 9/28/2018	<input type="checkbox"/> PS130 Pre-K & UP <input type="checkbox"/> PS124 2 nd Grade & Up \$550 – 10 MONTH (save \$100 now by paying together with tuition, \$450) <input type="checkbox"/> No Pick Up Service (\$0 per month)	<input type="checkbox"/> PS184 Bus Pick-Up \$470 1-Way (\$47 per month) \$650 2-Way (\$65 per month)	<input type="checkbox"/> Chess, Every Monday, \$9.50 per class (10 classes, start after 10/9)	<input type="checkbox"/> Karate, Every Wednesday, \$20 per class <input type="checkbox"/> Ballet, Every Thursday, \$20 per class (9 Weeks, start after 10/9)

- **Payment Method:** Make check or money order payable to **SWAN** (Include **student's name** on check).
- **Online Payment:** Contact info@swan-nyc.org or 646-998-5786. \$1.50 Online Payment Processing Fee.
- **Bounced Check Fee:** \$30.00 bank fee for each bounced check.
- **Refund policy:** After **7/8/2018** – No Refund. Tuition fee will not be pro-rated if student withdraws from program.
- **Absence & school closure:** No refund or make up class for students' absence and school closure.
- **Participation requirement:** A minimum of 4 afternoons required.

Parent / Guardian Signature: _____ Date: _____

By signing this form I agree to the tuition payment and refund policy above. I understand default on payment will cause suspension of after school service immediately.

學生英文姓名：_____ 學生中文姓名：_____

2017-2018 學年就讀年級：_____ 2018-2019 學年就讀年級：_____

2018-2019 學年學校_____ 白天學校教室號碼：_____

家長/監護人資料 (請正楷書寫)

() 母親 () 父親 () 合法監護人

名：_____ 姓：_____

地址：_____ 市：_____

州：_____ 郵編：_____ 家庭電話：(_____)_____

電郵：_____ 手機：(_____)_____

報名採取先報先得方式。須遞交報名表和定金才能保證名額。

	一次性付款	兩期付款	一次性付款 多子女就讀優惠 (每一次額外的子女)	兩期付款 多子女就讀優惠 (每一次額外的子女)
提前報名優惠 7/8/2018 截止	<input type="checkbox"/> \$2,600 10個月 (每月\$260)	<input type="checkbox"/> \$1,325 (須現在交) <input type="checkbox"/> \$1,325 (9/28前交)	<input type="checkbox"/> \$2,340 10個月 (每月\$234)	<input type="checkbox"/> \$1,195 (須現在交) <input type="checkbox"/> \$1,195 (9/28前交)
原價 7/9/2018 當日或之後	<input type="checkbox"/> \$2,700 10個月 (每月\$270)	<input type="checkbox"/> \$1,375 (Due Now) <input type="checkbox"/> \$1,375 (Due 9/28)	<input type="checkbox"/> \$2,430 10個月 (每月\$243)	<input type="checkbox"/> \$1,240 (須現在交) <input type="checkbox"/> \$1,240 (9/28前交)
今日付款	\$	\$	\$	\$
其他服務 請現在選擇您需要的服務 請在 9/28/2018 前付款	\$550-每月\$55. 與學費一起支付可節省100美元, 450美元. <input type="checkbox"/> 在PS130接學生 (預幼班及以上) <input type="checkbox"/> 在PS124接學生 (二年級及以上) <input type="checkbox"/> 無需接送 (每月\$0)	PS184 巴士接送 <input type="checkbox"/> \$470 單程 (每月\$47) <input type="checkbox"/> \$650 往返 (每月\$65)	<input type="checkbox"/> 國際象棋, 每週一, 每課\$9.50 (10課, 10/9後開課)	<input type="checkbox"/> 空手道, 每週三, 每課\$20 (9課, 10/9後開課) <input type="checkbox"/> 芭蕾舞, 每週四, 每課\$20 (9課, 10/9後開課)

- **付款方式：**支票或匯票，受款人請寫 **SWAN** (支票上請寫上孩子的名字)
網上付款：詳情請通過 646.998.5786 或 info@swan-nyc.org，將收取 1.50 元手續費。
- **銀行退票：**每張銀行退票收取\$30 手續費
- **退款規定：**2018年7月8日後恕不退款。若中途退學，恕不按已上課日數和未上課日數的比例退款，亦恕不按照已繳納學費的比例來計算可上課日數並延後終止課後班服務的日期。
- **缺席和停課：**若有缺席或停課的情況，不提供退款或補課。
- **報名條件：**須至少參加四個下午。

在此表格簽名代表我在此表所填的所有資料以及提交的任何其他文件都是真實的。我瞭解提供不真實或偽造的文件將承擔法律責任。我同意上述付款和退款規定。我也清楚知道遲交或不交款會馬上終止我的孩子參加課後班課程的資格。

家長/監護人簽名：_____ 日期：_____

Student Information Form

學生信息表



OFFICE ONLY: **CLASSROOM:** _____ **GRADE:** _____ **TEACHER:** _____

辦公室專用

DATE RECEIVED: _____ **RECEIVED BY:** _____

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 緊急聯絡人:

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: _____
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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 your 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 SWAN has permission to contact me regarding notifications, information and news regarding SWAN policies, scholarships, events, programs and affiliates. 我同意展望中美國際學校將其政策、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: _____



SWAN

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 after-school 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 after-school events and activities, and for any and all such photographs to be displayed by 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 after-school 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

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，展望中美國際學校可以通過各種媒介（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）

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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 _____