



# BEST PREP ACADEMY AFTER SCHOOL

## 2016 ~ 2017

@ P.S. 129Q (128-02 7<sup>th</sup> Ave. College Point, NY 11356)

**Main Office: 718-961-2200 / 347-961-9423**

中文: 646-243-0344 / 917-939-2461

한국어: 917-578-2557

Espanol : 347-961-9423

اردو : 646-243-0344

Approved By NYCDOHMH  
 NYC Certified Teachers  
 CPR & RTE Certified Staff Members  
 Small Class Size  
 Transportation Available  
 Snack Included  
 Safe School Environment

**Siblings 10% OFF (A&B)**

<b>Program A: Academic Enrichment</b> HW Help / ESL <b>Math, Reading, Writing, Science &amp; Social Studies</b> <b>NYS ELA, Math, &amp; Social Studies Exam Preparation</b> <b>Intensive 1:1 Tutoring Sessions / Personalized Academic Development</b> <b>Fun Extra Curriculum Activities: Sports, Arts &amp; Craft, Dance</b>	Mon-Fri Dismissal @ 5:30PM	\$450 /4wks
<b>Program B: Consecutive Review</b> HW Help / Reading & Writing Workshop <b>Fun Extra Curriculum Activities: Sports, Arts &amp; Craft, Dance</b>	Mon-Fri Dismissal @ 5:30PM	\$350 /4wks
<b>Program C: HW Assistance &amp; Review</b> HW Help / Reading Workshop / Sports	Mon-Fri Dismissal @ 4:30PM (Extended Class Available)	\$220 /4wks (Snack \$20)

專業執照、資深名師、小班上課  
 提供最佳的學習環境、提供校車服務、免費點心  
 各補習專案均由教育局以及衛生局認可並授權，  
 健康護理人員均具備 RTE 及 CPR,專掌執照

**同家庭第二個小孩九折優惠(A&B 課程)**

<b>A&gt; 學習加強/作業輔導班</b> 加強閱讀能力、寫作、數學訓練、科學科、 社會科、準備州考試、一對一輔導、課外活動	星期一至星期五 下課至 5:30 點	\$450.00 / 4 週
<b>B&gt; 作業輔導/閱讀班/複習</b> 作業輔導、閱讀、寫作、課外活動、美術、舞蹈	星期一至星期五 下課至 5:30 點	\$350.00 / 4 週
<b>C&gt; 作業輔導/複習</b> 作業輔導、閱讀、課外活動	星期一至星期五 下課至 4:30 點 (提供延長時間)	\$220.00 / 4 週

2016-2017 After School Registration Form

Student's Name: 성명		Sex: M / F 성별 남 / 여	Date of Birth: 생년월일 / /
School: 학교	Grade & Class: 새학기학년	Any sibling attending Best Academy? Y / N 베스트에 다니는 형제가 있나요?      예 / 아니오	If yes, name & grade(이름&학년):
Telephone(H): 전화번호 (W): Cell Phone:		Home Address: 집 주소	
Emergency Contact: 비상시 연락번호		Emergency Address: 비상시 연락주소	
Guardian's Name & Email:			
Guardian's Name & Email:			

Registering / Attending Campus:	___ P.S.22Q / ___X_P.S129Q / ___P.S.130Q / ___P.S.154Q / ___P.S.193Q
Program (프로그램):	___(A: Academic Enrichment)      ___(C: HW Assistance & Review) ___(B: Consecutive Review)
Extended Class* (연장반): until 5:30	(Program C ONLY)      ___ YES      ___ NO
Bus Service:	___ Pick up (address: _____) ___ Drop off (address: _____) ___ Round trip
Pick-Up Permission:	___ I give permission for my child to walk home alone at dismissal *Guardian's Signature: _____ ___ My child may be picked up by the following person(s): 1. _____ 2. _____ 3. _____ 4. _____ ___ My child may NOT be picked up by: 1. _____ 2. _____

OFFICE USE ONLY (do not write below)

Program & Service Fee(프로그램비용): A (\$450) / B (\$350) / C (\$220)	\$
Extended Class Fee (연장반비용): \$50 for Program C ONLY	\$
Transportation Fee ( 교통비용): one way (\$100) / round trip (\$160)	\$
Snack Fee (간식비): \$20	\$
Registration Fee (등록비): \$50	\$ 50
<b>Total Due (합계)</b>	<b>\$</b>

Payment Method: Cash: \$ _____ Check: \$ _____ no. _____ Credit: \$ _____	Amount Paid: \$ _____ Remaining Balance: \$ _____
Name on Card: _____	
*Visa/Master only      Card #: _____ (5% surcharge)      Expiration date: ___/___/___      Zip Code: _____      3 Digit Code: _____	

## Program Enrollment Contract

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

**\*EMERGENCY MEDICAL CARE FORM** (To be completed by the parent or guardian)

1. If my child requires emergency medical care and I cannot be reached, I give my consent to the above program to obtain the necessary medical care for my child. I agree to pay all of the costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided.

2. Please check all that applies to your child:

Allergies to food: (Please specify) \_\_\_\_\_  
 Allergies to Other: (Please specify) \_\_\_\_\_  
 Asthma       Behavioral/Emotional Issues       Convulsions/Seizures       Diabetes  
 Corrective Device (glasses, hearing aid, etc)       Other (Please specify) \_\_\_\_\_

3. Does your child take medication for any condition or illness?

YES (Please specify) \_\_\_\_\_  
 No

4. Are there any activities your child cannot participate in?

YES (Please specify) \_\_\_\_\_  
 No

5. Health/Insurance Information:

Student's Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Doctor Office's Address: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_ Policy Holder's ID: \_\_\_\_\_  
 Additional Comments: \_\_\_\_\_

**\* CERTIFICATION STATEMENT**

In consideration of your accepting my child into this program, I the undersigned, intended to be legally bound, hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages, that I may have against Best Prep Academy in Schools Foundation, its consultants, contractors, and employees and all sponsors, and their representatives and successors and assigns for any and all injuries suffered by my child virtue of his or her participation in this program. I 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 participation of the child listed above in this program.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* TUITION REFUND POLICY**

- Tuition fee for participated period will be deducted automatically before permitting refund.
- Registration fees are not a part of tuition fee and are NON REFUNDABLE.
- 100% refund if the program is canceled by Best Prep Academy (after participated dates deduction).
- 80% refund if the program is canceled by the parent before the first scheduled day of the term.
- 60% refund from remaining participation period if the program is canceled by the parent during the first week (5 school days) of the term.
- 30% refund from remaining participation period if the program is canceled by the parent during the 2<sup>nd</sup> week (10 school days) of the term.
- No refund if withdrawal is initiated after the 2<sup>nd</sup> week (10 school days) of the term.
- No refund for suspension/ expulsion.
- No credit will be given for holidays, but recesses only.

**\* CHILDCARE BEHAVIOR MANAGEMENT POLICY AND AGREEMENT**

It is the goal of BEST PREP ACADEMY to provide a healthy, safe, and secure environment for all participants. Best Academy promotes the character development values of caring, honesty, respect, and responsibility. Participants who attend Best Prep Academy programs are expected to follow the behavior guidelines and to interact appropriately with staff and other program participants.

The following behaviors are not acceptable in Best Prep Academy programs:

- Endangering the health and safety of participants and/ or staff members - Use of profanity - Acting in a lewd manner
- Stealing or damaging Best Academy, school, or personal property - Leaving the program site or room without permission
- Engaging in any violent behavior including but not limited to hitting, pushing, biting, etc.
- Continuing to disrupt the program - Refusing to follow behavior guidelines or program rules

When a participant does not follow Best Prep Academy behavior policy, the following action will be taken:

- Staff will redirect the participant to a more appropriate behavior
- The participant will be reminded of the behavior guidelines and program rules through a discussion with staff
- A parent/ guardian will be notified that day of the problem by staff
- If the inappropriate behavior continues, a meeting will be scheduled with the guardian so that together they can determine the appropriate action to take.
- If a participant's behavior at any time threatens the immediate safety of that participant, other participants, or staff, Best Academy may contact the parent/guardian to immediately come to the site and remove the participant, and the above steps may be skipped. Reasons for immediate suspension can include refusal to listen to staff, any incident of hitting, kicking, biting, or any other unwanted physical contact. Repeated violent behavior upon returning to program may lead to permanent expulsion.
- Immediate expulsion will occur if a participant is in possession of any/or using tobacco, alcohol, illegal drugs, firecrackers, firearms, or explosives.
- If a problem persists and a participant continues to disrupt program, Best Prep Academy reserves the right to suspend the participant from participation in the program for a specified time. Permanent termination from program will be considered in extreme situations.

**\* BEST PREP ACADEMY PARENT/GUARDIAN CONTRACT & STATEMENT OF UNDERSTANDING**

I have read, understand and Best Prep Academy's behavior management policy (above).

I understand that Best Academy staff and volunteers are not allowed to transport children at any time outside of the program except for field trips and pick up/drop off transportation services. Best Academy is not responsible for any contact between its staff and program participants outside of the program hours.

I understand that I am not to leave my child at Best Academy program site unless a Best Academy staff person is there to receive and supervise my child.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must be listed on the registration form, or other arrangements must be made in writing or by calling Best Academy office and speaking directly to the director to inform us of the change. All persons picking up Best Academy participants must be prepared to present a photo ID to properly identify himself/herself. Best Academy reserves the right to deny release of any participant if proper identification cannot be provided.

I understand that should any person arrive to pick up my child who appears to be under the influence of drugs or alcohol, staff may choose to not release the child and to call the police for assistance.

I understand that state law mandates Best Prep Academy to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation. I understand that the definition of "neglect" includes not providing reliable emergency pick-up information, non-treatment of recurring medical/health problems, failure to send child with proper clothing, and repeated tardiness when picking up a child.

I understand that at drop off and pick up times, the safety of Best Prep Academy children is of utmost importance and that drivers should proceed with precaution and according to the procedures as directed by staff.

I understand that if I am late in picking up my child and cannot make other arrangements for another authorized adult to pick him/her up, I am to call Best Prep Academy as soon as possible to inform them of my situation, and that **I will pay a late fee of \$20.00 cash or check within twenty-four hours for every ten minutes past assigned dismissal time.** I also understand that if lateness occurs more than three times, Best Prep ACADEMY can suspend my child's registration until other suitable arrangements are made.

I understand that it is my responsibility to read the announcement letters and notices about upcoming events/issues.

2016-2017 After School Registration Form

I understand that it is my responsibility to know Best Academy emergency contact numbers and procedures as stated on the program flyer.

I understand that if I have a concern or comment regarding any Best Prep Academy program, I agree to maintain a courteous and civil manner when addressing staff, and that the staff will do the same.

I understand that Best Academy has the right to terminate childcare arrangements for parents/guardians who disregard these statements.

I give Best Prep Academy permission to take my child on scheduled field trips of which I have been notified, and to use any photographs taken of my child in promotional materials for Best Prep Academy.

I have provided Best Prep Academy staff with complete and correct information so that they may best provide a safe, happy environment.

**\*WAIVER OF LIABILITY**

Parents, guardians and Best Prep Academy recognize that the activities to be engaged in by the children may occasionally result in injury to a child. The staff of Best Prep Academy will undertake the steps outlined herein under the ILLNESS/ACCIDENTS, MEDICINE AND EMERGENCY CARE to make sure that the proper attention is given to these events. However, absent the active negligence of the staff of Best Prep Academy during the activity involved, no liability will be asserted nor claim made against Best Prep Academy or any of the individuals employed by Best Prep Academy by reason of such an event.

\_\_\_\_\_ I have read the above information and I give permission for my child to participate in Best Prep Academy Summer Program.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*PHOTO/VIDEO/INTERVIEW CONSENT:**

I understand that Best Prep Academy holds 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, including my child (under supervision of Best Prep Academy personnel). These photographs, videos, and interviews will only be used to promote Best Prep Academy.

I understand that my child reserves the right to refuse to answer any questions or to participate in promotional photos, videos, and interviews.

I give permission for my child to be photographed or otherwise recorded during Best Prep Academy events and activities, and for any and all such photographs and/or recordings to be displayed by Best Prep Academy in any medium (newsletters, websites, facebook, etc) whether now or hereafter known or developed, for which neither my child or I shall receive monetary compensation or ownership rights.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My Signature below indicates that I have read, understand, and agree to Best Prep Academy childcare ENROLLMENT CONTRACT. I also understand that all the information provided above is accurate and up to date.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**This form (4 pages) must be completed, signed, and returned to Best Prep Academy office before registration can be completed.**

# CHILD & ADOLESCENT HEALTH EXAMINATION FORM

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

Please Print Clearly  
Press Hard

STUDENT ID NUMBER OSIS

## TO BE COMPLETED BY PARENT OR GUARDIAN

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Sex:  Female  Male Date of Birth (Month/Day/Year): \_\_\_\_\_

Child's Address: \_\_\_\_\_ Hispanic/Latino?  Yes  No Race (Check ALL that apply):  American Indian  Asian  Black  White  
 Native Hawaiian/Pacific Islander  Other \_\_\_\_\_

City/Borough: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ School/Center/Camp Name: \_\_\_\_\_ District Number: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_  
 Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Health Insurance:  Yes  No Parent/Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 (including Medicaid)?  No  Yes Foster Parent: \_\_\_\_\_

## TO BE COMPLETED BY HEALTH CARE PROVIDER If you're to any item, please explain (attach addendum, if needed)

Birth history (page 2-4 yrs)  Uncomplicated  Premature: \_\_\_\_\_ weeks gestation  Complicated by \_\_\_\_\_

Allergies:  None  Epi pen prescribed  Drugs (drug): \_\_\_\_\_  Foods (food): \_\_\_\_\_  Other (drug/food): \_\_\_\_\_

Does the child/adolescent have a past or present medical history of the following?  
 Asthma (check severity and attach MMR/asthma action plan)  Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent  
 Diabetes (attach MAF)  Insulin dependent  Other controller  Quick relief med  Oral steroid  None  
 If persistent, check all current medications:  Attention Deficit Hyperactivity Disorder  Orthopedic injury/disability  Seizure disorder  Chronic or recurrent otitis media  Speech, hearing, or visual impairment  Tuberculosis (attach MAF or accession)  Other (specify): \_\_\_\_\_

Medications (attach MAF if in-school medication needed):  None  Yes (list below): \_\_\_\_\_

Dietary Restrictions:  None  Yes (list below): \_\_\_\_\_

Explain all checked items above or on addendum.

## PHYSICAL EXAMINATION

Height: \_\_\_\_\_ cm (\_\_\_\_\_%ile)  
 Weight: \_\_\_\_\_ kg (\_\_\_\_\_%ile)  
 BMI: \_\_\_\_\_ kg/m<sup>2</sup> (\_\_\_\_\_%ile)  
 Head Circumference (age ≤ 2 yrs): \_\_\_\_\_ cm (\_\_\_\_\_%ile)  
 Blood Pressure (age ≥ 3 yrs): \_\_\_\_\_ / \_\_\_\_\_

## General Appearance:

HEENT  Lymph nodes  Abdomen  Skin  Psychosocial Development  
 Dental  Lungs  Cardiovascular  Genitourinary  Neurological  Language  
 Neck  Cephalocephalic  Extremities  Back/Spine  Behavioral

Describe abnormalities: \_\_\_\_\_

## DEVELOPMENTAL (page 0-6 yrs)

Within normal limits  
 If delay suspected, specify below:  
 Cognitive (gross, fine, school)  
 Communication (language)  
 Social/Emotional  
 Adaptive/Self-Help  
 Motor

## SCREENING TESTS

Test	Date Done	Result
Blood Lead Level ( BLL ) <i>(children of age 3 yr and 2 yrs and for those at risk)</i>	_____	_____ ug/dL
Lead Risk Assessment <i>(Annually, age 6 mo-6 yrs)</i>	_____	<input type="checkbox"/> At risk (see BLL) <input type="checkbox"/> Not at risk
Hearing <input type="checkbox"/> Pure tone audiometry <input type="checkbox"/> OAE	_____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Hemoglobin or Hematocrit (page 0-12 mo)	_____	_____ g/dL / _____ %

## Tuberculosis

PPD/Asnloux placed: \_\_\_\_\_  
 PPD/Asnloux read: \_\_\_\_\_  
 Induration: \_\_\_\_\_ mm  
 Neg  Pos

Interferon Test: \_\_\_\_\_  
 Neg  Pos

Chest x-ray (if PPD or interferon positive): \_\_\_\_\_  
 Not Indicated  Indicated

Vision (required for school admission and check on age 4-7 yrs): \_\_\_\_\_  
 With glasses  No  Yes

## IMMUNIZATIONS - DATES

CRS Number of Child: \_\_\_\_\_

Vaccine	Date
Hep B	_____
MMR	_____
MMRV	_____
DTaP/DTPI	_____
IPV	_____
PCV	_____

## ASSESSMENT

Well Child (VZQ-2)  Diagnoses/Problems (see ICD-9 Code)

ICD-9 Code: \_\_\_\_\_

## RECOMMENDATIONS

Full physical activity  Full diet  
 Restrictions (specify): \_\_\_\_\_

Follow-up Needed:  No  Yes, for \_\_\_\_\_ Appt. date: \_\_\_\_\_

Referral(s):  None  Early Intervention  Special Education  Dental  Vision  
 Other: \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Care Provider Name and Degree (M.D.): \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

PROVIDER ONLY: PROVIDER ID: \_\_\_\_\_

TYPE OF EXAM:  ONE CHECK  NAE (NEW YORK) COMMUNITY

DATE RECEIVED: \_\_\_\_\_

REVEWER: \_\_\_\_\_