



2016 BEST PREP ACADEMY SUMMER CAMP

@ P.S.22Q (153-33 Sanford Ave. Flushing, NY 11355)

Period: 7/5 ~ 8/19

Time: 8:30 AM ~ 5:30 PM

8:30am - 3:00pm (Regular Schedule)

8:30am Doors Open | 9am Class begins

3:00pm - 5:30pm (Extended Day Available for \$200) *

Field Trips Available on Friday *

Door to Door Transportation Available *

- Approved by the NYC DOHMH
- NYC Certified Teachers & Experienced Counselors
- CPR & Rte Certified Staff Members
- Clean, Spacious, and Safe Environment
- Air Conditioned Classrooms
- Small Class Size

FREE! BREAKFAST & LUNCH

Shuttle Service to/from:

PS 129Q, 130Q, 154Q, 163Q, 193Q, & 201Q
(space limited)

Sibling Discount Available!

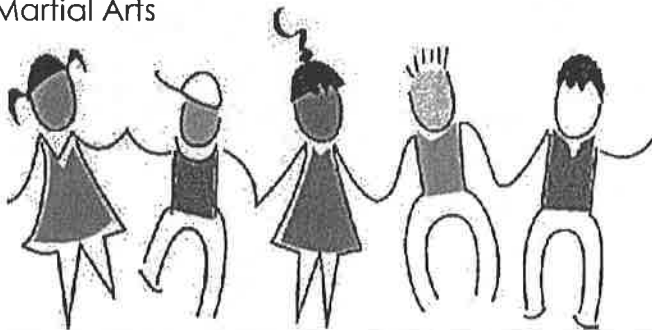
PROGRAMS & ACTIVITIES

AM Session

- Upcoming School Year Prep
- Mathematics
- Language Arts
- Creative Writing Workshop
- Reading Club
- Science
- Social Studies

PM Session

- 1:1 Tutoring Sessions *
- Second Language & ESL
Spanish and/or Chinese (Mandarin)
- Dance
- Arts & Crafts
- Team Sports
- Martial Arts



TUITION & FEES (8:30AM - 3:00PM)

PK ~ 5th grade

(year 2016-2017)

~~\$1,499~~



\$ 1,199
until 5/31

6th ~ 10th grade

(year 2016-2017)

~~\$1,999~~



\$ 1,499
until 5/31

ESL



\$ 2,500

Registration Fee: \$60

Main Office: 718.961.2200

Korean: 917.578.2557 | Spanish: 347.961.9423 | Urdu: 646.243.0344

Chinese: 917.939.2461 | 646.243.0344 | 917.794.0002

www.facebook.com/bestprepacademy

E-mail: bestacademy@gmail.com

BEST PREP ACADEMY SUMMER CAMP

BEST 暑期補習學校 2016

我們誠摯地感謝您這些日子以來對 BEST 補習學校的支持。孩子們在課業上傑出的成長讓我們感到非常驕傲。我們現在開始接收暑期補習的報名。

所有課程是在 PS 22 學校裡進行。



P.S. 22 : 153-33, SANFORD AVE. FLUSHING

日期: 7月5日~8月19日

時間: 8:30am~3:00pm(加長時間到5:30pm 另加\$200.00)

免費巴士在 PS129, PS130, PS154, PS163, PS193, PS201 接送到 PS22

星期一至星期五 : 課程表:

早上	下午
(紐約州執照老師教學) 預備下一年級的課程; 英文閱讀; 寫作; 數學	中文/西班牙文; 籃球; 美術; 舞蹈
	3:00pm~5:30pm 複習; 室內活動..
每星期五(另外收費)	外出活動: 遊樂園, 保齡球, 博物館...

於 5/31 前

\$1199.00

學費(學前班~五年級) \$1490.00

\$1499.00

學費(六年級~十年級) \$1990.00

英語為第二語言(ESL) \$2,500

專業執照、資深名師、小班上課
提供最佳的學習環境、冷氣教室
提供校車服務、免費早餐和午餐
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

☎ 報名方式: 718-961-2200

917-578-2557 Korean

646-243-0344 Chinese/Urdu

917- 939-2461 Chinese

347-961-9423 Spanish

www.facebook.com/bestprepacademy

E-mail: bestacademy@ymail.com



註冊費\$60.00; 第二名小孩免註冊費

第二名小孩家里接送: 車費是半價

BEST PREP ACADEMY SUMMER SCHOOL 2016

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

Registering / Attending Campus:	_____ P.S.22Q _____ P.S Q
Program(프로그램): (7/5/16 ~ 8/19/16)	_____ (PK~5 th Gr) _____ (E S L) _____ (6 th ~10 th Gr)
Extended Class*(연장반): until 5:30pm	_____ YES _____ NO
Transportation* (교통):	<input type="checkbox"/> Pick up (address: _____) <input type="checkbox"/> Drop off (address: _____) <input type="checkbox"/> Round trip
Pick-Up Permission:	<input type="checkbox"/> I give permission for my child to walk home alone at dismissal *Guardian's Signature: _____ <input type="checkbox"/> My child may be picked up by the following person(s): 1. _____ 2. _____ 3. _____ 4. _____ <input type="checkbox"/> My child may NOT be picked up by: 1. _____ 2. _____
Best Academy T-Shirt:	_____ Yes (must have one for field trips) _____ No
Is your child fluent in English?	_____ YES _____ NO

OFFICE USE ONLY (do not write below)

Program & Service Fee(프로그램비용): PK-5 th (\$1499) / 6 th -10 th (\$1999) / ESL (\$3500)	\$
Extended Class Fee (연장반비용): \$200	\$200
Transportation Fee (교통비용): one way (\$200) / round trip (\$400)	\$
T- Shirt Fee: \$15	\$15
Registration Fee (등록비): \$60	\$ 60
Total Due (합계)	\$

Note (비고):

Registration taken by: _____

Date: _____

🎓 BEST PREP ACADEMY SUMMER SCHOOL 2016

Payment Method: Cash: \$ _____ Check: \$ _____ no. _____ * Visa/Master only Name on Card: _____ 8% surcharge Credit: \$ _____ Card# _____ Expiration date: ____/____/____ Zip Code: _____ 3 Digit Security Code: _____	Amount Paid: \$ _____ Remaining Balance: \$ _____
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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: _____

*** TUITION REFUND POLICY**

- Tuition fee for participated period will be deducted automatically before permitting refund.
- Registration fee is not a part of tuition fee and is NON REFUNDABLE.
- 100% refund if the program is canceled by Best Prep Academy (after deduction of participated days).
- 70% 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 weekdays) of the term.
- 30% refund from remaining participation period if the program is canceled by the parent during the 2nd week (10 weekdays) of the term.
- No refund if withdrawal is initiated after the 2nd week (10 school days) of the term.
- No refund for suspension/ expulsion.

BEST PREP ACADEMY SUMMER SCHOOL 2016

* 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.

BEST PREP ACADEMY SUMMER SCHOOL 2016

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

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: _____

*** 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.

***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
Cross 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: _____

Health Insurance: Yes No Parent/Guardian Last Name: _____ First Name: _____ District: _____ Phone: _____

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

Birth history (age 0-6 yrs)

Uncomplicated Premature: _____ weeks gestation

Complicated by _____

Allergies: None Epi pen prescribed

Drugs (list): _____

Foods (list): _____

Other (list): _____

Does the child/adolescent have a past or present medical history of the following?

Asthma (check severity and attach MAF/Action Plan) Intermittent Mild Persistent Moderate Persistent Severe Persistent

Inhaler controller Other controller Quick relief med Oral steroid None

Attention Deficit Hyperactivity Disorder Orthopedic Injury/Disability

Chronic or recurrent otitis media Seizure disorder

Congenital or acquired heart disorder Speech, hearing, or visual impairment

Developmental/learning problem Tuberculosis (past infection or disease)

Diabetes (attach MAF) 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 on an addendum.

PHYSICAL EXAMINATION

Height: _____ cm (____ %ile)

Weight: _____ kg (____ %ile)

BMI: _____ kg/m² (____ %ile)

Head Circumference (age ≤ 2 yrs): _____ cm (____ %ile)

Blood Pressure (age ≥ 3 yrs): _____ / _____

General Appearance:

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

Describe abnormalities: _____

DEVELOPMENTAL (age 0-6 yrs)	SCREENING TESTS	RESULTS	DATE DONE	RESULTS	DATE DONE
<input type="checkbox"/> Within normal limits	Blood Lead Level (BLL)	_____ µg/dl	_____	Tuberculosis	_____
<input type="checkbox"/> Cognitive (ref. phy. at risk)	Lead Risk Assessment (annually, age 6 mo-0 yrs)	<input type="checkbox"/> At risk for BLL <input type="checkbox"/> Not at risk	_____	PPD/Mantoux placed	_____
<input type="checkbox"/> Communication/Language	Hearing	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	_____	PPD/Mantoux read	_____
<input type="checkbox"/> Social/Emotional	<input type="checkbox"/> Pure tone audiometry <input type="checkbox"/> OAE	_____	_____	Interferon Test	_____
<input type="checkbox"/> Adaptive/Self-Help	Hemoglobin or Hematocrit (age 0-12 mo)	_____ g/dl _____ %	_____	Chest x-ray (if PPD or Interferon positive)	_____
<input type="checkbox"/> Motor				Vision (Refer for new school entrance and return age 4-7 yrs)	_____

IMMUNIZATIONS - DATES Child Number of Child: _____

Hep B: _____

MMR: _____

DTaP/DTaP/DT: _____

Polio: _____

PCV: _____

IPV: _____

Other, specify: _____

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 (print): _____ Provider License No. and State: _____

Facility Name: _____ National Provider Identifier (NPI): _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

ASSESSMENT: Well Child (V20.2) Diagnoses/Problems (list) _____ ICD-9 Code: _____

DOHMH PROVIDER I.D. NO.: _____

TYPE OF EXAM: NAE Current NAE Prior Year(s)

Date Reviewed: _____