



# 2016 BEST PREP ACADEMY SUMMER CAMP

@ P.S. 18Q (86-35 235th Ct, Queens Village, NY 11427)

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

## DISCOUNT!!

2<sup>ND</sup> CHILD - NO Registration fee &  
50% off Door to Door Transportation

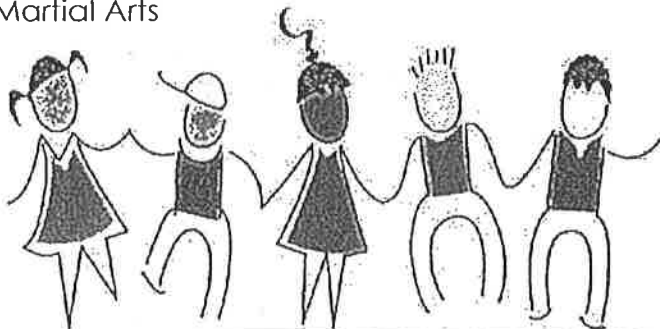
### PROGRAMS & ACTIVITIES

#### 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~~ →

**\$ 799**  
until 5/13  
Until 5/27 \$999  
Until 6/10: \$1,199

6th ~ 10th grade  
(year 2016-2017)

~~\$1,999~~ →

**\$ 1,099**  
until 5/13  
Until 5/13: \$1,299  
Until 6/10: \$1,499

ESL →

**\$ 2,500**

Registration Fee: \$60

Main Office: 718.961.2200 | 347.840.0066

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@ymail.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 18 學校裡進行。



**P.S. 18** : 86-35 235<sup>th</sup> Ct. Queens Village, NY 11427

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)

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 5/6 前	5/20 前	6/3 前
學費(學前班~五年級) \$1499.00	\$799.00	\$999.00	\$1199.00
學費(六年級~十年級) \$1990.00	\$1099.00	\$1299.00	\$1499.00
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、  
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](http://www.facebook.com/bestprepacademy)

E-mail: [bestacademy@ymail.com](mailto:bestacademy@ymail.com)

**\$799**  
5/6 前報名

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

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

## 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 2<sup>nd</sup> week (10 weekdays) 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.

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

**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 (epi): \_\_\_\_\_  
 Foods (nut): \_\_\_\_\_  
 Other (epi): \_\_\_\_\_  
Does the child/adolescent have a past or present medical history of the following?  
 Asthma (check severity and attach MAF if Asthma Action Plan)  Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent  
If present, check all current medications:  Inhaled corticosteroid  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/m<sup>2</sup> (\_\_\_\_\_%ile)  
Head Circumference (age ≤ 2 yrs): \_\_\_\_\_ cm (\_\_\_\_\_%ile)  
Blood Pressure (age ≥ 3 yrs): \_\_\_\_\_ / \_\_\_\_\_  
**General Appearance:**  
M:  HEENT  Lymph nodes  Abdomen  Joints  Skin  Psychosocial Development  
 Dental  Lungs  Genitourinary  Neurological  Language  
 Neck  Cardiovascular  Extracranial  Back/Spine  Behavioral  
Describe abnormalities: \_\_\_\_\_

DEVELOPMENTAL (age 0-6 yrs)	SCREENING TESTS	Tuberculosis
<input type="checkbox"/> Will/in normal limits If delay suspected, specify below: <input type="checkbox"/> Cognitive (eg, play skills) <input type="checkbox"/> Communication/Language <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Adaptive/Self-Help <input type="checkbox"/> Motor	<b>Blood Lead Level ( BLL )</b> Required at age 1 yr and 2 yrs and for those at risk Date Done: _____ Results: _____ µg/dL <b>Lead Risk Assessment</b> (annually, age 6 mo-6 yrs) Date Done: _____ Results: <input type="checkbox"/> At risk for BLL <input type="checkbox"/> Not at risk <b>Hearing</b> <input type="checkbox"/> Pure tone audiometry <input type="checkbox"/> OAE Date Done: _____ Results: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <b>Hemoglobin or Hematocrit</b> (age 0-12 mo) Head Start Only Date Done: _____ Results: _____ g/dL _____ %	<b>Tuberculosis</b> Only required for students entering Intermediate/Junior/Senior or High school who have not previously attended any NYC public or private school PPD/Mantoux placed: _____ Induration: _____ mm PPD/Mantoux read: _____ <input type="checkbox"/> Neg <input type="checkbox"/> Pos Interferon Test: _____ <input type="checkbox"/> Neg <input type="checkbox"/> Pos Chest x-ray (if PPD or Interferon positive): _____ <input type="checkbox"/> Nil <input type="checkbox"/> Not Indicated <input type="checkbox"/> Abnl Vision Required for new student admission and children age 4-7 yrs Date Done: _____ Results: <input type="checkbox"/> with glasses Acuity Right: _____ Left: _____ Strabismus: <input type="checkbox"/> No <input type="checkbox"/> Yes

**IMMUNIZATIONS - DATES** CIR Number of Child: \_\_\_\_\_  
MMII: \_\_\_\_\_  
MMIII: \_\_\_\_\_  
DTaP/TdPaT: \_\_\_\_\_  
MM: \_\_\_\_\_  
PCV: \_\_\_\_\_  
Other, specify: \_\_\_\_\_  
Influenza: \_\_\_\_\_  
MMII: \_\_\_\_\_  
MMIII: \_\_\_\_\_  
Td: \_\_\_\_\_  
Yd: \_\_\_\_\_  
Meningococcal: \_\_\_\_\_  
RV: \_\_\_\_\_  
Other, specify: \_\_\_\_\_

**RECOMMENDATIONS**  Full physical activity  Full diet  
 Restrictions (specify): \_\_\_\_\_  
Follow-up Needed:  No  Yes, for \_\_\_\_\_ Appt. date: \_\_\_\_\_  
Referrals:  None  Early Intervention  Special Education  Dental  Vision  
 Other: \_\_\_\_\_  
**ASSESSMENT**  Well Child (V20.2)  Diagnoses/Problems (eg)  ICD-9 Code \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Health Care Provider Name and Degree (MD): \_\_\_\_\_ Provider License No. and State: \_\_\_\_\_  
Facility Name: \_\_\_\_\_ National Provider Identifier (NPI): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
DOHMH PROVIDER ID: \_\_\_\_\_  
TYPE OF EXAM:  NAE Core (U)  NAE Prev (Y) (S)  
Comments: \_\_\_\_\_  
Date Reviewed: \_\_\_\_\_  
REVIEWER: \_\_\_\_\_