



纽约首府华社  
Chinese Community Center  
Capital District of NEW YORK

**Emergency / Health Form**

**Student's Name**      First ▼                      Middle ▼                      Last ▼

**Male**  **Female**       **Date of Birth** ▼                      **Age** ▼

\_\_\_\_/\_\_\_\_/\_\_\_\_                      \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**School and Location:** \_\_\_\_\_ **Grade in Sept.** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

In case of emergency, whom should we contact if the parent(s) cannot be reached?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE INFORMATION:**

Yes       No  (if you do not carry health insurance, please indicate so):

Name of family or child's medical insurance carrier:

Group/Plan Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Employer: \_\_\_\_\_

**MEDICAL INFORMATION:**

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

Hospital preferred in case of emergency: \_\_\_\_\_

Date last physical checked-up: \_\_\_\_/\_\_\_\_/\_\_\_\_

All required immunizations updated?      Yes       No

Please state if there is any medical or specific conditions that teachers or the CCC program administrators should be aware of or that is incompatible with your child's full participation in the CCC program:

---

Is your child allergic to any **medications, foods or any environmental triggers**? If so, please describe these allergens, specific reactions, and any precautions requested of CCC:

1.) \_\_\_\_\_ Reaction: \_\_\_\_\_

2.) \_\_\_\_\_ Reaction: \_\_\_\_\_

Requested precautions \_\_\_\_\_

**PARENT AUTHORIZATION FOR TREATMENT**

**I recognize that CCC does not have any medical person on site, will not provide or administer medications and will call the appropriate health authorities in an emergency. In the event I cannot be reached in an Emergency, I grant the CCC Summer Program and its agents full authority to take whatever action they deem necessary regarding my child's health and safety.**

**I certify to CCC that this health history is correct to the best of my knowledge, and that my child, who is named above, is in good health, is able to participate in the programs and has my permission to engage in them except as specifically noted by me on this form.**

**Print Parent Name:** \_\_\_\_\_

\_\_\_\_\_ Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signature**



纽约首府华社

Chinese Community Center

Capital District of NEW YORK

## CCC Winter, Spring, and Summer Program Policies and Procedure

### Refunds / Cancellations

It is important that students register for programs early as some programs are limited in size. The registration form postmarked after the deadline may not be accepted. Also, the Chinese Community Center (CCC) reserves the right to cancel any program or session due to low enrollment. If a class is canceled, you will be notified prior to the class and receive a full refund. For programs that do run, THERE IS NO REFUND AFTER THE FIRST CLASS.

### Materials

Basic materials will be supplied to students including course materials, art and craft supplies, and math practice materials. Students should bring their own pens, pencils, notebook, and calculators (math course only and based on teacher's requirement). The CCC will not supply musical instruments for the music class.

### Lunch and Snacks

Students who will attend the program for a full day should bring their own lunch. Microwave is available in the CCC building for heating lunch with teacher's approval (for elder children) or teacher's help (for young children). There is also a refrigerator available for storing lunch if your children need to use it.. The CCC will not provide lunch but will provide snacks and/or a beverage during breaks in the program. The students will not be permitted to leave the building during their lunch hour or at any time unless accompanied by a parent, guardian, or a teacher.

### Absences/ Late Arrive / Early Departure

Parents are required to notify the CCC Program Office at 783-2163 or the teacher if their child will be absent or more than 15 minutes late for class. If the student must depart the class early, please inform the individual instructor in writing.

### Drop-off and Pick-up Times

Students should be dropped off no earlier than 8:30 am for the morning classes (or 7:30 am for the morning extended care) or 12:45 pm for the 1:00 (afternoon) class. Please pick-up your child at 5:30 pm (or 6 pm for afternoon extended care). Parents are required to sign their children out at the end of the day. Please be prompt in picking up your child. An additional fee of \$15 per half-hour or part, will be charged for delay in picking up your child.

### Behavior

Positive and respectful behavior is required towards other students and instructors. The CCC has sole discretion and right to remove any student from any program at any time for improper behavior. Refund, partial or full, will not be given if a student is removed from the program. Any damage to the CCC property will be the responsibility of the student and parents and will be billed. The use of cellular phones and other electronic devices is prohibited during class time

The Emergency / Medical Form will be provided with the program announcement and is required before or at the first class. This form and the Program Policy can be downloaded at [www.cccalbany.org](http://www.cccalbany.org) or [www.albanychineseschool.org](http://www.albanychineseschool.org).