

## 2025 LLA Summer School Registration Form

### 2025 小蓮花夏令營報名表

Student English Name 學生姓名	Student Chinese Name 學生中文名字	Age 年齡	Gender 性別	Date of Birth 出生日期	Weeks in School 參加週數	Time in School 夏令營時間	Registration Fee 註冊費	Tuition 學費	Discount(優惠) (See notes below for applicable rate)	Subtotal 小計
<b>Total (合計) :</b>										
<b>Grade in Sep.(在校年級) :</b>		<b>Chinese Language Level (中文語言能力級別):</b>				<input type="checkbox"/> 1-No Chinese(沒有學) <input type="checkbox"/> 2-Beginner(初級聽說讀寫) <input type="checkbox"/> 3-Intermediate level(中級聽說讀寫) <input type="checkbox"/> 4-Advanced level (高級聽說讀寫)				
<b>Family Information (家庭情況)</b>										
<b>Father's ID Name or Guardian's ID Name (父親或監護人姓名) :</b>						<b>Mother's Name or Guardian's ID Name (母親或監護人姓名):</b>				
<b>Father's Chinese Name or Guardian's Chinese Name(父親或監護人中文名) :</b>						<b>Mother's Chinese Name (母親中文名):</b>				
<b>Phone Number (電話):</b>						<b>Phone Number(電話) :</b>				
<b>Email(電子郵件) :</b>						<b>Email (電子郵件) :</b>				
<b>Emergency Contact (緊急聯繫人) :</b> _____ ; <b>Phone Number (電話):</b> _____ ; <b>Email (電郵):</b> _____										
<b>Other Information (其它情況):</b>										
1. 學生有無過敏食物? 有 _____; 沒有 _____; 若有, 請列出食物名稱: _____										
1, Check what food your child are allergic to:    Peanuts    Fish/shellfish    Eggs    Peanut or nut butter    Tomato products    Milk    Peanut or nut oils    Tree nuts (walnuts, almonds, pecans, etc) . Please list any others: _____										
2. I grant permission to LLA Summer School hereinafter known as the "media" to use my child's image (photographs and/or video) for use in school website or other media publications. ( 我同意活動期間拍的照片用於學校推廣或者學校網址 )								Yes _____		No _____
<b>Parents/ or Guardian Signature (父母/監護人簽字) :</b> _____						<b>Date (日期) :</b> _____				
<b>Payment(付款方式) :</b> 1, Zelle : email: info@littlotusacademy.org, business name: little lotus center;    2,Make a payable check to: Little Lotus Academy										
<b>Submission(提交方式) :</b> Email: info@littlotusacademy.org										
<b>Discount Policy:</b>										
<b>Early Bird Discount (Register by May 1) – 10% off</b>										
<input checked="" type="checkbox"/> <b>Multi-Week Discount</b>										
<b>5% off for 5+ weeks</b>										
<b>10% off for 8 week enrollment</b>										
<input checked="" type="checkbox"/> <b>Sibling Discount – 10% off per additional child</b>										
<input checked="" type="checkbox"/> <b>Referral Discount – \$50 credit per new family referred</b>										
<input checked="" type="checkbox"/> <b>Discounts cap at 15% maximum per family.</b>										



# LLA Summer Program Health Examination Form 2025

## 小蓮花學校暑期班體檢表(2025)

*This page is to be completed by parents.* 此頁由家長填寫

Name 姓名 \_\_\_\_\_

Birth Date 生日 \_\_\_\_\_ Sex 性別 \_\_\_\_\_ Age 年齡 \_\_\_\_\_

Address 住址 \_\_\_\_\_

### Mother/Guardian

母親 / 監護人 \_\_\_\_\_

Work Phone

工作電話 \_\_\_\_\_

Cell Phone

手機電話 \_\_\_\_\_

### Father/Guardian

母親 / 監護人 \_\_\_\_\_

Work Phone

工作電話 \_\_\_\_\_

Cell Phone

手機電話 \_\_\_\_\_

### Emergency Contact 緊急情況請通知:

1. Name 姓名 \_\_\_\_\_ Relationship 與學生關係 \_\_\_\_\_

Address 住址 \_\_\_\_\_ Phone No. 電話 \_\_\_\_\_

2. Name 姓名 \_\_\_\_\_ Relationship 與學生關係 \_\_\_\_\_

Address 住址 \_\_\_\_\_ Phone No. 電話 \_\_\_\_\_

## Health History 病史

Please answer Yes/No. Provide dates if answered "Yes."  
是/否 (如回答“是”，請在右邊線上填寫相應的時間)

Has/does the student 營員:

1. Had any recent injury, illness or infectious diseases? 最近有受傷、生病、或傳染性疾病?  
\_\_\_\_\_

2. Have a chronic or recurring illness/condition? 慢性或複發型疾病/病症?  
\_\_\_\_\_

3. Ever been hospitalized? 住過醫院? \_\_\_\_\_

4. Ever had surgery? 動過手術? \_\_\_\_\_

5. Have frequent headaches? 經常頭痛? \_\_\_\_\_

6. Ever had a head injury? 頭部受過傷? \_\_\_\_\_

7. Ever been knocked unconscious? 曾經撞倒無意識? \_\_\_\_\_

8. Wear glasses, contacts, or protective eyewear? 佩帶眼鏡、隱形眼鏡或防護眼鏡?  
\_\_\_\_\_

9. Ever had frequent ear infections? 頻繁的耳部感染? \_\_\_\_\_

10. Ever been injured during or after exercise? 曾經有過在運動中或之後受傷?  
\_\_\_\_\_

11. Ever been dizzy during or after exercise? 曾經有過運動期間或運動後頭暈?  
\_\_\_\_\_

12. Ever had seizures? 是否有過癲癇發作? \_\_\_\_\_

13. Ever been diagnosed with a heart murmur? 被診斷有心臟雜音? \_\_\_\_\_

14. Ever had back problem? 有否腰背問題? \_\_\_\_\_

15. Ever had problem with joints (ex. knees, ankles)? 關節問題 (如膝、腳踝)?  
\_\_\_\_\_

16. Have an orthodontic appliance being brought to camp? 矯形器具帶到營地?  
\_\_\_\_\_

17. Wear braces? 帶護腕否? \_\_\_\_\_

18. Have any skin problems (ex. itching, acne, rash)? 皮膚疾病 (搔癢、痤瘡、皮疹)?  
\_\_\_\_\_

19. Have diabetes? 糖尿病? \_\_\_\_\_

20. Have asthma? 哮喘? \_\_\_\_\_

21. Had mononucleosis in past 12 months? 過去十二個月有單核細胞增多症?  
\_\_\_\_\_

22. Had problems with diarrhea/constipation? 有否腹瀉/便秘?  
\_\_\_\_\_

23. Have problems sleepwalking? 夜游症? \_\_\_\_\_

24. If female, have an abnormal menstrual history? 女性, 有否不正常月經史?  
\_\_\_\_\_

25. Have a history of bedwetting? 是否尿床? \_\_\_\_\_

26. Have ADD/ADHD? 注意力缺陷/注意多動症? \_\_\_\_\_

27. Have OCD/ODD? 強迫症/對立違抗性障礙? \_\_\_\_\_

**\*\*\*Please attach a photocopy of both sides of insurance card\*\*\***

**請附上保險卡的雙面複印件**

# Student Health Form

To be Completed by Physician and emailed to  
info@LittleLotusAcademy.org (此頁由醫生完成)

Child's Last Name		First Name		Middle Name		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (Month/Day/Year) ____/____/____	
Child's Address				Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Check ALL that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other _____			
City/Borough		State	Zip Code	School/Center/Camp Name		District Number	Phone Numbers Home _____ Cell _____ Work _____	
Health insurance <input type="checkbox"/> Yes <input type="checkbox"/> No (including Medicaid)? <input type="checkbox"/> No		Parent/Guardian Last Name		First Name		Email		

## TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER

<b>Birth history (age 0-6 yrs)</b> <input type="checkbox"/> Uncomplicated <input type="checkbox"/> Premature: _____ weeks gestation <input type="checkbox"/> Complicated by _____		<b>Does the child/adolescent have a past or present medical history of the following?</b> <input type="checkbox"/> Asthma (check severity and attach MAF): <input type="checkbox"/> Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent If persistent, check all current medication(s): <input type="checkbox"/> Quick Relief Medication <input type="checkbox"/> Inhaled Corticosteroid <input type="checkbox"/> Oral Steroid <input type="checkbox"/> Other Controller <input type="checkbox"/> None Asthma Control Status <input type="checkbox"/> Well-controlled <input type="checkbox"/> Poorly Controlled or Not Controlled	
<b>Allergies</b> <input type="checkbox"/> None <input type="checkbox"/> Epi pen prescribed  <input type="checkbox"/> Drugs (list) _____ <input type="checkbox"/> Foods (list) _____ <input type="checkbox"/> Other (list) _____		<input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Behavioral/mental health disorder <input type="checkbox"/> Congenital or acquired heart disorder <input type="checkbox"/> Developmental/learning problem <input type="checkbox"/> Diabetes (attach MAF) <input type="checkbox"/> Orthopedic injury/disability <b>Explain all checked items above.</b>	
<b>Attach MAF if in-school medications needed</b>		<input type="checkbox"/> Seizure disorder <input type="checkbox"/> Speech, hearing, or visual impairment <input type="checkbox"/> Tuberculosis (latent infection or disease) <input type="checkbox"/> Hospitalization <input type="checkbox"/> Surgery <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Addendum attached.	

<b>PHYSICAL EXAM</b> Date of Exam: ____/____/____		<b>General Appearance:</b> <input type="checkbox"/> Physical Exam WNL	
Height _____ cm (____ %ile)	<i>Ni Abnl</i>	<input type="checkbox"/> Psychosocial Development	<i>Ni Abnl</i>
Weight _____ kg (____ %ile)	<i>Ni Abnl</i>	<input type="checkbox"/> Language	<i>Ni Abnl</i>
BMI _____ kg/m <sup>2</sup> (____ %ile)	<i>Ni Abnl</i>	<input type="checkbox"/> Behavioral	<i>Ni Abnl</i>
Head Circumference (age ≤2 yrs) _____ cm (____ %ile)	<i>Ni Abnl</i>	<input type="checkbox"/> HEENT	<i>Ni Abnl</i>
Blood Pressure (age ≥3 yrs) _____ / _____	<i>Ni Abnl</i>	<input type="checkbox"/> Dental	<i>Ni Abnl</i>
	<i>Ni Abnl</i>	<input type="checkbox"/> Neck	<i>Ni Abnl</i>
	<i>Ni Abnl</i>	<input type="checkbox"/> Lymph nodes	<i>Ni Abnl</i>
	<i>Ni Abnl</i>	<input type="checkbox"/> Lungs	<i>Ni Abnl</i>
	<i>Ni Abnl</i>	<input type="checkbox"/> Cardiovascular	<i>Ni Abnl</i>
	<i>Ni Abnl</i>	<input type="checkbox"/> Abdomen	<i>Ni Abnl</i>
	<i>Ni Abnl</i>	<input type="checkbox"/> Genitourinary	<i>Ni Abnl</i>
	<i>Ni Abnl</i>	<input type="checkbox"/> Extremities	<i>Ni Abnl</i>
	<i>Ni Abnl</i>	<input type="checkbox"/> Skin	<i>Ni Abnl</i>
	<i>Ni Abnl</i>	<input type="checkbox"/> Neurological	<i>Ni Abnl</i>
	<i>Ni Abnl</i>	<input type="checkbox"/> Back/spine	<i>Ni Abnl</i>

<b>DEVELOPMENTAL (age 0-6 yrs)</b> Validated Screening Tool Used? Date Screened ____/____/____ <input type="checkbox"/> Yes <input type="checkbox"/> No Screening Results: <input type="checkbox"/> WNL <input type="checkbox"/> Delay or Concern Suspected/Confirmed (specify area(s) below): <input type="checkbox"/> Cognitive/Problem Solving <input type="checkbox"/> Adaptive/Self-Help <input type="checkbox"/> Communication/Language <input type="checkbox"/> Gross Motor/Fine Motor <input type="checkbox"/> Social-Emotional or Personal-Social <input type="checkbox"/> Other Area of Concern: _____		<b>Nutrition</b> <input type="checkbox"/> < 1 year <input type="checkbox"/> Breastfed <input type="checkbox"/> Formula <input type="checkbox"/> Both <input type="checkbox"/> ≥ 1 year <input type="checkbox"/> Well-balanced <input type="checkbox"/> Needs guidance <input type="checkbox"/> Counseled <input type="checkbox"/> Referred <b>Dietary Restrictions</b> <input type="checkbox"/> None <input type="checkbox"/> Yes (list below)		<b>Hearing</b> Date Done ____/____/____ Results < 4 years: gross hearing ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred OAE ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred ≥ 4 yrs: pure tone audiometry ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred	
Describe Suspected Delay or Concern: _____		<b>SCREENING TESTS</b> Date Done ____/____/____ Results <b>Blood Lead Level (BLL)</b> (required at age 1 yr and 2 yrs and for those at risk) ____/____/____ µg/dL <b>Lead Risk Assessment</b> (annually, age 6 mo-6 yrs) <input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk		<b>Vision</b> Date Done ____/____/____ Results <3 years: Vision appears: ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <b>Acuity (required for new entrants and children age 3-7 years)</b> Right ____/____/____ Left ____/____/____ <input type="checkbox"/> Unable to test	
Child Receives EI/CPSE/CSE services <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Dental</b> Screened with Glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Strabismus? <input type="checkbox"/> Yes <input type="checkbox"/> No Visible Tooth Decay <input type="checkbox"/> Yes <input type="checkbox"/> No Urgent need for dental referral (pain, swelling, infection) <input type="checkbox"/> Yes <input type="checkbox"/> No Dental Visit within the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No			

CIR Number		Physician Confirmed History of Varicella Infection <input type="checkbox"/>		Report only positive immunity:	
<b>IMMUNIZATIONS – DATES</b>				IgG Titers	Date
DTP/DTaP/DT	_____	Tdap	_____	Hepatitis B	_____
Td	_____	MMR	_____	Measles	_____
Polio	_____	Varicella	_____	Mumps	_____
Hep B	_____	Mening ACWY	_____	Rubella	_____
Hib	_____	Hep A	_____	Varicella	_____
PCV	_____	Rotavirus	_____	Polio 1	_____
Influenza	_____	Mening B	_____	Polio 2	_____
HPV	_____	Other	_____	Polio 3	_____

<b>ASSESSMENT</b> <input type="checkbox"/> Well Child (Z00.129) <input type="checkbox"/> Diagnoses/Problems (list) _____ ICD-10 Code _____		<b>RECOMMENDATIONS</b> <input type="checkbox"/> Full physical activity <input type="checkbox"/> Restrictions (specify) _____ <b>Follow-up Needed</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, for _____ Appt. date: ____/____/____ <b>Referral(s):</b> <input type="checkbox"/> None <input type="checkbox"/> Early Intervention <input type="checkbox"/> IEP <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other _____	
--	--	---	--

Health Care Practitioner Signature		Date Form Completed ____/____/____		<b>DOHMH ONLY PRACTITIONER I.D.</b>	
Health Care Practitioner Name and Degree (print)		Practitioner License No. and State		<b>TYPE OF EXAM:</b> <input type="checkbox"/> NAE Current <input type="checkbox"/> NAE Prior Year(s) Comments: _____	
Facility Name		National Provider Identifier (NPI)		Date Reviewed: ____/____/____ <b>I.D. NUMBER</b>	
Address		City		REVIEWER: _____	
State		Zip		<b>FORM ID#</b>	
Telephone		Fax		Email	



# LLA Summer School Program Consent and Release Form 2025

In the event of an accident, illness, or medical or surgical emergency involving my child \_\_\_\_\_, I hereby authorize the camp director, doctor, nurse or any administrative personnel, if not able to contact me, to act for me according to their best judgment with respect to the care of my child, including any medical and surgical care. I understand that every effort will be made by the camp administrator to immediately contact me in the event of an emergency.

I hereby release camp and all persons connected therewith from any and all liability and responsible in the performance of above acts and medical services. I understand that I am financially responsible for all costs and expenses, which are not covered by medical insurance.

---

Signature of Parent/Guardian

Parent Name (Print)

---

Address

---

Telephone Number(s)

---

Emergency Phone

Emergency Contact Name(s)

Any alteration or changes made on this consent and release form may result in delay in receiving proper medical treatment for your child. The hospital and doctors will not accept this form when altered.



# Little Lotus Academy Summer School Program 2025

**Dates:** June 23 – August 15 (8 weeks)

**Location:** Little Lotus Academy, Orange County

**Ages:** PreK3 – Grade 6

**Time:** Full-Day (9 AM – 4 PM) | Half-Day (9 AM – 12 PM) or Afternoon (1 PM – 4 PM)

## Experience a Summer of Culture, Learning, & Fun!

Join us for an immersive summer filled with traditional arts, music, storytelling, and cultural celebrations. Our program fosters respect, creativity, and character-building through hands-on activities rooted in classical wisdom and traditions.

### 🌟 Weekly Schedule & Themes

#### Week 1-2: Traditional Arts & Crafts

June 23 – July 4

🎨 Calligraphy, brush painting, crafts.

📌 **Showcase 2nd WEEK THURSDAY:**  
Student art exhibition.

#### Week 3-4 : Traditional Music & Dance

July 7 – July 18

🎵 Learn folk songs, traditional dance.

📌 **Showcase 2nd WEEK THURSDAY:**  
Music & dance performance.

#### Week 5-6: Cultural Cooking & Tea Ceremony

July 21 – Aug 1

🥟 Dumpling-making, tea etiquette, food history.

📌 **Showcase 2nd WEEK THURSDAY:**  
Student-led tea service.

#### Week 7-8: Historical Reenactment & Cultural Immersion

August 4 – August 15

🏰 Experience life in ancient times:  
Traditional dress, etiquette, crafts.

📖 A Day in Ancient Times: Learn how scholars, artists, and warriors lived.

📌 **Grand Cultural Festival & Graduation Ceremony**

#### 📧 How to Register

Visit [littlelotusacademy.org](http://littlelotusacademy.org) or contact us at:

[info@littlelotusacademy.org](mailto:info@littlelotusacademy.org)  
(845) 281-0522

Spaces are limited! Secure your child's spot today for a **summer of tradition, learning, and fun!**



# Little Lotus Academy

## Summer School Program 2025



### Daily Schedule

9:00 am - 9:30 am	Reception, homeroom, singing, and daily virtue session.
9:30 am - 10:15 am	Study time (45min) <ul style="list-style-type: none"><li>• May include Falun Dafa songs and discussions.</li></ul>
10:15 am - 10:25 am	Break
10:25 am - 11:10 am	Exercise Practice (45min)
11:10 am - 11:15 am	Outdoor Activities
11:55 am - 12:10 pm	Meditation
12:15 pm - 1:00 pm	Lunch
1:00 pm - 1:10 pm	Preparation for afternoon classes.
1:10 pm - 2:40 pm	Themed Lesson (1.5h)
2:40 pm - 3:00 pm	Snack
3:00 pm - 3:45 pm	Outdoor Activities
3:45 pm - 4:00 pm	Child Pick up
4:00 pm - 5:00 pm	Extended Care





# Little Lotus Academy Summer School Program 2025



## Tuition & Fees

### Standard Tuition Rates

Program	Weekly Rate	Full 6 Weeks	Full 7 Weeks	Full 8 Weeks
Full-Day (9 AM - 4 PM)	\$350	\$1,950	\$2,250	\$2,550
Half-Day (9 AM - 12 PM)	\$200	\$1,100	\$1,250	\$1,400
Drop-In (Per Day)	\$80/day	N/A	N/A	N/A
Extended Care (4 PM - 5 PM)	\$50/week	N/A	N/A	N/A

### 📌 Tuition Includes:

- Instruction, materials, and supplies.
- Afternoon Snack
- Camp T-shirt & weekly cultural showcase events.

### 📌 Additional Costs:

- School Lunch  
– \$5/day (or bring own lunch)
- Special workshops (cooking, music, etc.)  
– \$5 per session
- Field trips: TBD based on venue.

### 🎉 Discount Policy

#### ✅ Early Bird Discount (Register by May 1)

- 10% off

#### ✅ Multi-Week Discount

- 5% off for 5+ weeks
- 10% off for 8 week enrollment

#### ✅ Sibling Discount

- 10% off per additional child

#### ✅ Referral Discount

- \$50 credit per new family referred

📌 Discounts cap at 15% maximum per family.

### 📄 Registration Details

- ◆ **Deadline:** Rolling enrollment until full capacity is reached.
- ◆ **Deposit:** \$100 per child (non-refundable, applies to tuition).
- ◆ **Payment Plan Available:**
  - 50% due at registration.
  - Remaining balance due by June 15.
- ◆ **Refund Policy:** Full refund (minus deposit) if canceled by June 1.