



KUEI LUCK EARLY CHILDHOOD CENTER Application Form 2015-2016

Kuei Luck Early Childhood Center aims to provide quality care and education to the children of the community. We seek out to provide an environment in which children feel valued and respected. To apply, please complete this application form and:

- Completed application form (print neatly)
- Copy of birth certificate
- Up to date Medical Examination Form with immunization
- Photograph of Child
- Nonrefundable \$50 Application Fee (Cash or Money Order)
- Mail or drop off completed enrollment application with payment in a sealed envelope to:

Kuei Luck Early Childhood Center
99-39 66th Ave, Store 1
Rego Park, NY 11374

Please print neatly and complete application in blue or black ink.

Date: _____

Program of Interest: (PLEASE CIRCLE ALL THAT APPLY)

Full Day (8:00am to 6:00pm) Early Drop Off (7:30am) Late Pick Up (6:30pm) Half Day AM PM

Child Information

First Name: _____ Last Name: _____

Age: _____ Birth Date (mm/dd/yy): _____ / _____ / _____ Gender (circle): M F

Address: _____ Apt No.: _____

City: _____ State: _____ Postal Code: _____

Office Use Only	
Date Received	_____
Received By	_____
Application Fee Received	_____
Payment Type	_____
Reference	_____



Guardian 1 Information

First Name: _____ Last Name: _____

Relationship: _____

Telephone Number: (H) (____) ____ - _____ (W) (____) ____ - _____
(C) (____) ____ - _____

Email Address (REQUIRED): _____

Guardian 2 Information

First Name: _____ Last Name: _____

Relationship: _____

Telephone Number: (H) (____) ____ - _____ (W) (____) ____ - _____
(C) (____) ____ - _____

Email Address (REQUIRED): _____

Child Questionnaire

Please write down three words that describe your child.

- 1. _____
- 2. _____
- 3. _____

What qualities do you seek in a childhood center for your child?

- 1. _____
- 2. _____
- 3. _____

I hereby certify that I am the parent or the legal guardian of the child listed above and that the information listed above is accurate. I understand that the application fee is non-refundable and that this is fee does not guarantee admission. I further understand that my application will not be considered until all parts are submitted.

Parent / Guardian Name

Parent / Guardian Signature



School Calendar 2015-2016

September '15						
M	Tu	W	Th	F	Sa	Su
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October '15						
M	Tu	W	Th	F	Sa	Su
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November '15						
M	Tu	W	Th	F	Sa	Su
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

December '15						
M	Tu	W	Th	F	Sa	Su
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

January '16						
M	Tu	W	Th	F	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February '16						
M	Tu	W	Th	F	Sa	Su
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29						

March '16						
M	Tu	W	Th	F	Sa	Su
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April '16						
M	Tu	W	Th	F	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May '16						
M	Tu	W	Th	F	Sa	Su
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June '16						
M	Tu	W	Th	F	Sa	Su
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July '16						
M	Tu	W	Th	F	Sa	Su
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August '16						
M	Tu	W	Th	F	Sa	Su
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Events / Holidays

Date	Description
9/7/15	Labor Day (School Closed)
10/12/15	Columbus Day (School Closed)
11/3/15	Professional Development
11/11/15	Veterans Day (School Closed)
11/26/15	Thanksgiving (School Closed)
11/27/15	Thanksgiving (School Closed)
12/24/15	Winter Break (School Closed)
12/25/15	Winter Break (School Closed)
12/28/15	Winter Break (School Closed)
12/29/15	Winter Break (School Closed)
12/30/15	Winter Break (School Closed)
12/31/15	Winter Break (School Closed)
1/1/16	New Year (School Closed)
1/18/16	Martin Luther King (School Closed)
2/15/16	President Days (School Closed)
3/25/16	Good Friday (School Closed)
3/28/16	Staff Development
4/25/16	Spring Break (School Closed)
4/26/16	Spring Break (School Closed)
4/27/16	Spring Break (School Closed)
4/28/16	Spring Break (School Closed)
4/29/16	Spring Break (School Closed)
5/30/16	Memorial Day (School Closed)
6/29/16	Summer Cleanup (PD)
6/30/16	Summer Cleanup (PD)
7/1/16	Summer Cleanup (PD)
7/4/16	Independence Day (School Closed)
8/22/16	Summer Break
8/23/16	Summer Break
8/24/16	Summer Break
8/25/16	Summer Break
8/26/16	Summer Break
8/30/16	Summer Break
8/31/16	Summer Break



**Department of Health
and Mental Hygiene**
Mary T. Bassett, MD, MPH
nyc.gov/health

**Department of
Education**
Carmen Fariña
schools.nyc.gov/

SEPTEMBER 2015

MEDICAL REQUIREMENTS FOR CHILD CARE AND NEW SCHOOL ENTRANTS

(PUBLIC, PRIVATE, PAROCHIAL, CHILD CARE CENTERS AND SCHOOLS)

ALL STUDENTS ENTERING A NEW YORK CITY SCHOOL OR CHILD CARE FOR THE FIRST TIME MUST HAVE A COMPLETE PHYSICAL EXAMINATION AND ALL REQUIRED IMMUNIZATIONS

The comprehensive medical examination must be documented on a Child Adolescent Health Examination Form (CH205) and include the following:

Weight	Blood Pressure	Vision Screening	Dental Screening	Developmental Assessment
Height	Body Mass Index	Hearing Screening	Medical History	Nutritional Evaluation

All students entering New York City public or private schools or child care (including Universal Pre-K classes) for the first time must submit a report of a physical examination performed within one year of school entry. Because children develop and grow so quickly at these early ages, if this initial examination is performed before the student is 5 years old, a second examination, performed between the child's 5th and 6th birthday, is also required. Fillable CH205 forms that include the student's pre-populated vaccination histories are available in the New York City Immunization Registry (CIR). A savable version of the pre-populated CH205 is also available in CIR and is accessible for use and updates as needed.

Required Screening for Child Care Only	
Screening	Required Information
Anemia Screening	Hematocrit and Hemoglobin
Lead Screening, Assessment and Testing	<ul style="list-style-type: none"> All children under 6 years must be assessed annually for lead exposure. Blood lead tests are required for children at ages 1 and 2 years AND other children up to age 6 years if they are at risk of exposure OR if no lead test was previously documented. For more information, call the Lead Poisoning Prevention Program at 311, or visit nyc.gov/html/doh/downloads/pdf/lead/lead-guidelines-children.pdf

IMMUNIZATION REQUIREMENTS 2015–16

The following immunization requirements are mandated by law for all students between the ages of 2 months and 18 years. Children must be excluded from school if they do not meet these requirements. To be considered fully immunized, a child must have an immunization history that includes all of the following vaccines. The child's immunization record should be evaluated according to the grade he or she is attending this school year.

PROVISIONAL REQUIREMENTS

New students may enter school or child care provisionally with documentation of at least this initial series of immunizations. Once admitted provisionally, subsequent vaccines must be administered in accordance with the Advisory Committee for Immunization Practices (ACIP) "catch up" schedule for the child to be considered "in process" and remain in school (refer to www.cdc.gov/vaccines/schedules/hcp/imz/catchup.html for schedule). Alternative schedules are not acceptable. Students must complete the entire series to comply with the law. Students who have not been immunized within the provisional period must be issued an exclusion letter and excluded from school or child care until they comply with the requirements.

CHILD CARE/PRE-KINDERGARTEN	NO. OF DOSES
DTaP (diphtheria-tetanus-acellular pertussis) OR DTP (diphtheria-tetanus-pertussis).....	1
IPV (inactivated poliovirus) or OPV (oral poliovirus).....	1
MMR (measles-mumps-rubella).....	1
On or after the first birthday	
Hib (Haemophilus influenzae type b).....	1
Hepatitis B.....	1
Varicella.....	1
On or after the first birthday	
Pneumococcal conjugate (PCV).....	1
Influenza.....	1
Depending on their influenza vaccination history, some children may need two doses of influenza vaccine	

KINDERGARTEN/GRADES 1–12	NO. OF DOSES
DTaP, DTP, DT, Td (tetanus-diphtheria) OR Tdap (tetanus-diphtheria-acellular pertussis).....	1
Vaccine type as appropriate for age	
Tdap.....	1
IPV or OPV.....	1
MMR.....	1
On or after the first birthday	
Hepatitis B.....	1
Varicella.....	1

FULL COMPLIANCE

2015–16 School Year

New York State Requirements for Child Care and School Entrance/Attendance¹

NOTES: For grades Pre-K through 7, intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for persons 0 through 18 years of age (exception: intervals between doses of polio vaccine need to be reviewed only for grades kindergarten, 1, 6 and 7). Intervals between doses of vaccine DO NOT need to be reviewed for grades 8 through 12. Doses received before the minimum age or intervals are not valid and do not count toward the number of doses listed below. See footnotes for specific information and dose requirements for each vaccine.* Children who are enrolling in grade-less classes should meet the immunization requirements of the grades for which they are age equivalent.

*Footnotes reflect updates as of May 2015. Please refer to www.health.ny.gov/prevention/immunization/schools/ for updated information and Frequently Asked Questions (FAQs).

VACCINES	PRE-KINDERGARTEN (Child Care, Head Start, Nursery or Pre-K)	KINDERGARTEN through 1	GRADES 2 through 5	GRADES 6 through 7	GRADES 8 through 12
Diphtheria and Tetanus toxoid-containing vaccine and Pertussis vaccine (DTaP/DTP/Tdap)²	4 doses	5 doses or 4 doses if the 4th dose was received at 4 years of age or older or 3 doses if the series is started at 7 years of age or older		3 doses	
Tetanus and Diphtheria toxoid-containing vaccine and Pertussis vaccine booster (Tdap)³		Not Applicable			1 dose
Polio vaccine (IPV/OPV)⁴	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years of age or older	3 doses	4 doses or 3 doses if the 3rd dose was received at 4 years of age or older	3 doses
Measles, Mumps and Rubella vaccine (MMR)⁵	1 dose	2 doses			
Hepatitis B vaccine⁶	3 doses	3 doses			
Varicella (Chickenpox) vaccine⁷	1 dose	2 doses	1 dose	2 doses	1 dose
Haemophilus influenzae type b conjugate vaccine (Hib)⁸	1 to 4 doses	Not Applicable			
Pneumococcal Conjugate Vaccine (PCV)⁹	1 to 4 doses	Not Applicable			
Influenza Vaccine¹⁰	1 dose	Not Applicable			

1. Demonstrated serologic evidence of measles, mumps, rubella, hepatitis B, varicella or polio (for all three serotypes) antibodies is acceptable proof of immunity to these diseases. Diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.
2. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a 5-dose series of DTaP vaccine at ages 2, 4, 6, 15 through 18 months, and 4 years of age or older. The fourth dose may be received as early as age 12 months, provided at least six months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least four months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday and at least six months after the previous dose.
 - b. If the fourth dose of DTaP was administered at age 4 years or older, the fifth (booster) dose of DTaP vaccine is not necessary.
 - c. For children born prior to 1/1/2005, doses of DT and Td meet the immunization requirement for diphtheria toxoid-containing vaccine.
 - d. Children ages 7 through 10 years who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td vaccine. A Tdap vaccine (or incorrectly administered DTaP vaccine) received at 7 years of age or older meets the sixth grade Tdap requirement. For previously unvaccinated children 7 years of age and older, the immunization requirement is three doses. Tdap should be given for the first dose, followed by two doses of Td in accordance with the ACIP recommended immunization schedule: these children should receive an initial Tdap followed four weeks later by a Td, and then six months later by another Td.
3. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 7 years)
 - a. Students 11 years of age or older entering grades six through 12 are required to have one dose of Tdap. A dose received at 7 years of age or older will meet this requirement.
 - b. Students without Tdap who are 10 years old in grade six are in compliance until they turn 11 years of age.
4. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive a series of IPV at ages 2, 4, 6 through 18 months, and 4 years of age or older. The final dose in the series must be received on or after the fourth birthday and at least six months after the previous dose.
 - b. For students who received their fourth dose before August 7, 2010, four doses separated by at least four weeks is sufficient.
 - c. If both OPV and IPV are administered as part of a series, a total of four doses should be administered regardless of the child's current age.
5. Measles, mumps, and rubella (MMR) vaccine. (Minimum age: 12 months)
 - a. The first dose of MMR vaccine must be received on or after the first birthday. The second dose must be received at least 28 days (four weeks) after the first dose to be considered valid.
 - b. Students in grades kindergarten through 12 must receive two doses of measles-containing vaccine, two doses of mumps-containing vaccine and at least one dose of rubella-containing vaccine.
6. Hepatitis B vaccine
 - a. Dose one may be given at birth or anytime thereafter. Dose two must be received at least four weeks (28 days) after dose one. Dose three must be at least eight weeks after dose two AND at least 16 weeks after dose one AND no earlier than 24 weeks of age.
 - b. Two doses of adult hepatitis B vaccine (Recombivax) received at least four months apart at age 11 through 15 years will meet the requirement.
 - c. Administration of a total of four doses of hepatitis B vaccine is permitted when a combination vaccine containing hepatitis B is administered after the birth dose. This fourth dose is often needed to ensure that the last dose in the series is given after 24 weeks of age.
7. Varicella (Chickenpox) vaccine. (Minimum age: 12 months)
 - a. The first dose of varicella vaccine must be received on or after the first birthday. The second dose must be received at least 28 days (four weeks) after the first dose to be considered valid.
 - b. Two doses of varicella vaccine are required for students in grades kindergarten, 1, 6 and 7.
 - c. One dose of varicella vaccine is required for pre-kindergarten and grades 2 through 5 and 8 through 12.
8. Haemophilus influenzae type b conjugate vaccine (Hib). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive Hib vaccine at 2, 4, 6, and 12 through 15 months of age.
 - b. If two doses of vaccine are received before 12 months of age, only three doses are required with dose three at 12 through 15 months of age and at least eight weeks after dose two.
 - c. If dose one is received at ages 12 through 14 months of age, only two doses are required with dose two at least eight weeks after dose one.
 - d. If dose one is received at 15 months of age or older, only one dose is required.
 - e. Hib vaccine is not required for children 5 years of age or older.
9. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
 - a. Children starting the series on time should receive PCV vaccine at ages 2, 4, 6, and 12 through 15 months of age. The final dose must be received at age 12 through 15 months of age.
 - b. Unvaccinated children 7 through 11 months of age are required to receive two doses, at least four weeks apart, followed by a third dose at age 12 through 15 months.
 - c. Unvaccinated children 12 through 23 months of age are required to receive two doses of vaccine at least eight weeks apart.
 - d. If one dose of vaccine is received at 24 months of age or older, no further doses are required.
 - e. For further information, refer to the PCV chart available in the School Survey Instruction Booklet at www.health.ny.gov/prevention/immunization/schools/.
10. Influenza Vaccine
 - a. All children 6 months through 59 months of age enrolled in New York City Article 47 & 43 regulated pre-kindergarten programs (Child Care, Head Start, Nursery, or Pre-K) must receive one dose of influenza vaccine between July 1 and December 31 of each year. Some children may need two doses of influenza vaccine, depending on their prior influenza vaccination history. Please refer to the Centers for Disease Control and Prevention (cdc.gov/flu/) or New York City Department of Health (nyc.gov/html/living/immun-prov.shtml) websites, or check the child's immunization record in the Citywide Immunization Registry for additional information and guidelines.

For further information contact:

New York State Department of Health, Bureau of Immunization, Room 649, Corning Tower ESP, Albany, NY 12237, 518-473-4437
 New York City Department of Health and Mental Hygiene, Program Support Unit, Bureau of Immunization, 42-09 28th Street, 5th Floor, LIC, NY 11101, 347-396-2433.
 Office of School Health Citywide Contact Number (all districts): 347-396-4720

CHILD & ADOLESCENT HEALTH EXAMINATION FORM

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

Please
Print Clearly
Press Hard

STUDENT ID NUMBER
OSIS

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TO BE COMPLETED BY PARENT OR GUARDIAN

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 _____
Health insurance (including Medicaid)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Foster Parent	Last Name	First Name	Phone Numbers Home _____ Cell _____ Work _____

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

Birth history (age 0-6 yrs) <input type="checkbox"/> Uncomplicated <input type="checkbox"/> Premature: _____ weeks gestation <input type="checkbox"/> Complicated by _____ Allergies <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) _____	Does the child/adolescent have a past or present medical history of the following? <i>If persistent, check all current medication(s):</i> <input type="checkbox"/> Asthma (check severity and attach MAF/Asthma Action Plan): <input type="checkbox"/> Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent <input type="checkbox"/> Inhaled corticosteroid <input type="checkbox"/> Other controller <input type="checkbox"/> Quick relief med <input type="checkbox"/> Oral steroid <input type="checkbox"/> None <input type="checkbox"/> Attention Deficit Hyperactivity Disorder <input type="checkbox"/> Orthopedic injury/disability <input type="checkbox"/> Chronic or recurrent otitis media <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Congenital or acquired heart disorder <input type="checkbox"/> Speech, hearing, or visual impairment <input type="checkbox"/> Developmental/learning problem <input type="checkbox"/> Tuberculosis (latent infection or disease) <input type="checkbox"/> Diabetes (attach MAF) <input type="checkbox"/> Other (specify) _____	Medications (attach MAF if in-school medication needed) <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____ _____ Dietary Restrictions <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____ _____
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Explain all checked items above or on addendum

PHYSICAL EXAMINATION Height _____ cm (____ %ile) Weight _____ kg (____ %ile) BMI _____ kg/m ² (____ %ile) Head Circumference (age ≤2 yrs) _____ cm (____ %ile) Blood Pressure (age ≥3 yrs) _____ / _____	General Appearance: <table border="0"> <tr> <td><i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/></td> <td><input type="checkbox"/> HEENT</td> <td><i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/></td> <td><input type="checkbox"/> Lymph nodes</td> <td><i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/></td> <td><input type="checkbox"/> Abdomen</td> <td><i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/></td> <td><input type="checkbox"/> Skin</td> <td><i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/></td> <td><input type="checkbox"/> Psychosocial Development</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> DENTAL</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Lungs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Genitourinary</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Neurological</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Language</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Cardiovascular</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Extremities</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Back/spine</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/> Behavioral</td> </tr> </table> Describe abnormalities: _____ _____	<i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/>	<input type="checkbox"/> HEENT	<i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/>	<input type="checkbox"/> Lymph nodes	<i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/>	<input type="checkbox"/> Abdomen	<i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/>	<input type="checkbox"/> Skin	<i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/>	<input type="checkbox"/> Psychosocial Development	<input type="checkbox"/>	<input type="checkbox"/> DENTAL	<input type="checkbox"/>	<input type="checkbox"/> Lungs	<input type="checkbox"/>	<input type="checkbox"/> Genitourinary	<input type="checkbox"/>	<input type="checkbox"/> Neurological	<input type="checkbox"/>	<input type="checkbox"/> Language	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/>	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/> Extremities	<input type="checkbox"/>	<input type="checkbox"/> Back/spine	<input type="checkbox"/>	<input type="checkbox"/> Behavioral
<i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/>	<input type="checkbox"/> HEENT	<i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/>	<input type="checkbox"/> Lymph nodes	<i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/>	<input type="checkbox"/> Abdomen	<i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/>	<input type="checkbox"/> Skin	<i>Nl</i> <input type="checkbox"/> <i>Abnl</i> <input type="checkbox"/>	<input type="checkbox"/> Psychosocial Development																						
<input type="checkbox"/>	<input type="checkbox"/> DENTAL	<input type="checkbox"/>	<input type="checkbox"/> Lungs	<input type="checkbox"/>	<input type="checkbox"/> Genitourinary	<input type="checkbox"/>	<input type="checkbox"/> Neurological	<input type="checkbox"/>	<input type="checkbox"/> Language																						
<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/>	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/> Extremities	<input type="checkbox"/>	<input type="checkbox"/> Back/spine	<input type="checkbox"/>	<input type="checkbox"/> Behavioral																						

DEVELOPMENTAL (age 0-6 yrs) <input type="checkbox"/> Within normal limits If delay suspected, specify below <input type="checkbox"/> Cognitive (e.g., play skills) _____ <input type="checkbox"/> Communication/Language _____ <input type="checkbox"/> Social/Emotional _____ <input type="checkbox"/> Adaptive/Self-Help _____ <input type="checkbox"/> Motor _____	SCREENING TESTS <table border="1"> <thead> <tr> <th></th> <th>Date Done</th> <th>Results</th> </tr> </thead> <tbody> <tr> <td>Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk)</td> <td>____/____/____</td> <td>_____ μg/dL</td> </tr> <tr> <td>Lead Risk Assessment (annually, age 6 mo-6 yrs)</td> <td>____/____/____</td> <td><input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk</td> </tr> <tr> <td>Hearing <input type="checkbox"/> Pure tone audiometry <input type="checkbox"/> OAE</td> <td>____/____/____</td> <td><input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</td> </tr> <tr> <td>Hemoglobin or Hematocrit (age 9-12 mo)</td> <td>____/____/____</td> <td>_____ g/dL _____ %</td> </tr> </tbody> </table>		Date Done	Results	Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk)	____/____/____	_____ μg/dL	Lead Risk Assessment (annually, age 6 mo-6 yrs)	____/____/____	<input type="checkbox"/> At risk (do 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 (age 9-12 mo)	____/____/____	_____ g/dL _____ %	Tuberculosis <i>Only required for students entering intermediate/middle/junior or high school who have not previously attended any NYC public or private school</i> 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"/> NI <input type="checkbox"/> Not Indicated <input type="checkbox"/> Abnl
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IMMUNIZATIONS - DATES CIR Number of Child _____	<table border="1"> <tr><td>Hep B</td><td>____/____/____</td></tr> <tr><td>Rotavirus</td><td>____/____/____</td></tr> <tr><td>DTP/DTaP/DT</td><td>____/____/____</td></tr> <tr><td>Hib</td><td>____/____/____</td></tr> <tr><td>PCV</td><td>____/____/____</td></tr> <tr><td>Polio</td><td>____/____/____</td></tr> </table>	Hep B	____/____/____	Rotavirus	____/____/____	DTP/DTaP/DT	____/____/____	Hib	____/____/____	PCV	____/____/____	Polio	____/____/____	<table border="1"> <tr><td>Influenza</td><td>____/____/____</td></tr> <tr><td>MMR</td><td>____/____/____</td></tr> <tr><td>Varicella</td><td>____/____/____</td></tr> <tr><td>Td</td><td>____/____/____</td></tr> <tr><td>Tdap</td><td>____/____/____</td></tr> <tr><td>Hep A</td><td>____/____/____</td></tr> <tr><td>Meningococcal</td><td>____/____/____</td></tr> <tr><td>HPV</td><td>____/____/____</td></tr> <tr><td>Other, Specify:</td><td>_____</td></tr> </table>	Influenza	____/____/____	MMR	____/____/____	Varicella	____/____/____	Td	____/____/____	Tdap	____/____/____	Hep A	____/____/____	Meningococcal	____/____/____	HPV	____/____/____	Other, Specify:	_____
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RECOMMENDATIONS <input type="checkbox"/> Full physical activity <input type="checkbox"/> Full diet <input type="checkbox"/> Restrictions (specify) _____ Follow-up Needed <input type="checkbox"/> No <input type="checkbox"/> Yes, for _____ Appt. date: ____/____/____ Referral(s): <input type="checkbox"/> None <input type="checkbox"/> Early Intervention <input type="checkbox"/> Special Education <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other _____	ASSESSMENT <input type="checkbox"/> Well Child (V20.2) <input type="checkbox"/> Diagnoses/Problems (list) _____ ICD-9 Code _____ _____ _____
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Health Care Provider Signature	Date ____/____/____	DOHMH PROVIDER ONLY I.D. _____
Health Care Provider Name and Degree (print)	Provider License No. and State	TYPE OF EXAM: <input type="checkbox"/> NAE Current <input type="checkbox"/> NAE Prior Year(s)
Facility Name	National Provider Identifier (NPI)	Comments
Address	City	Date Reviewed: ____/____/____
Telephone (____) _____-____	Fax (____) _____-____	I.D. NUMBER _____
		REVIEWER: _____

Sample of Our School Day

7:30 am - 8:00 am	Work Time/Early Drop-Off/Breakfast
8:00 am - 8:20 am	Drop-Off/Bathroom /Washing Hands
8:20 am - 9:20 am	Work Time
9:20 am - 9:40 am	Meeting/Story/Song
9:40 am - 10:40 am	Gross Motor/Neighborhood Walk/Park
10:40 am - 11:00 am	Washing Hands/Bathroom
11:00 am - 11:45 pm	LUNCH
11:45 pm - 12:00 pm	Bathroom/Setting up sleeping mats
12:00 pm - 2:00 pm	Rest Time
2:00 pm - 2:20 pm	Bathroom/Putting away sleeping mats
2:20 pm - 2:40 pm	Meeting/Story/Song
2:40 pm - 3:40 pm	Gross Motor/Neighborhood Walk/Park
3:40 pm - 4:00 pm	Wash Hands/Bathroom
4:00 pm - 4:20 pm	Snack
4:20 pm - 5:00 pm	Work Time
5:00 pm - 5:30 pm	Pick Up
5:30 pm - 6:00 pm	Extended Care

Parents often wonder throughout the day how their child is doing. Kuei Luck Early Childhood Center uses Life Cubby to provide digital daily notes. Teachers observe and document children's activity throughout the day. Parents are able to log onto Life Cubby's website to view notes and pictures uploaded by your child's teacher. It further allows teachers to easily keep track of your child's progress and facilitates communication with parents.



September to June
Full and Half Day Programs
8 am - 6 pm

Extended Hours: 7:30 am - 6:30 pm
Option for Enrollment in Summer Camp



Contact: Director, Mary Tuazon @
718-679-9909
mtuazon@klpreschool.com



www.klpreschool.com • 718-679-9909
99-39 66th Avenue, Unit 1 Rego Park, NY 11374





Our Philosophy

Kuei Luck Early Childhood Center aims to provide quality care and education to the children of the community. We seek out to provide an environment in which children feel valued and respected. Children are given the opportunities to explore their interests through various means of expression. Questions of inquiry and project based learning are implemented. An appreciation for the arts, compassion for the living world and a sense of responsibility for the community are instilled. Relationships with families and parent participation are encouraged to foster continuity between home and school life. We believe environments like these build the foundation for learning.

Meet The Director

Mary Tuazon has worked with young children for over ten years. She received her Masters in Early Childhood Education from Hunter College, CUNY. Since then, she has published two articles on New York State Association for the Education of Young Children, "Separation" and "How to maintain an effective teaching team." Inspired by educators before her such as Loris Malaguzzi and Maria Montessori, she believes that learning is a magical moment. Mary has been a resident of Forest Hills for over six years. She enjoys spending time at the park with her husband and one year old son. She can also be found walking her two dogs, Baguette and Mei-mei around the neighborhood.

Our Space & Environment

Kuei Luck Early Childhood Center is a brand new state of the art facility that is conveniently located on the border of Forest Hills and Rego Park, Queens. Each classroom has its own bathroom specifically designed for young children. We also have an indoor gross motor room available to the children for active play. All of our building materials are environmentally-conscious and we use child-safe products. Electronic access control systems are installed to ensure maximum security and safety. We are easily accessible through public transportation and walking distance from Queens Boulevard.

Every detail of our space takes our children's learning into consideration. From the classroom materials to the bulbs of the lighting fixtures, every aspect of our environment aims to create an invitation to discover and explore. It evokes calmness and peace for both the children and adults. There is a balance of natural and man made materials for a provocation to engage and investigate.

Language Immersion

Another aspect to our curriculum is our language immersion of Mandarin in the classroom. Each classroom consists of one English speaking teacher and one Mandarin speaking teacher. The school day is lead in both languages simultaneously. Offering children this opportunity not only exposes them to a second language but as research has shown, also has significant cognitive developmental advantages.

Our Curriculum

At Kuei Luck Early Childhood Center, we believe that children learn best in an environment that supports and builds upon their interests and curiosity. Through the process of inquiry, children begin to ask questions about their world. The environment is set up to assist in answering their questions. Open ended materials and activities are presented to develop and nurture these interests. The teachers act as observers and facilitators to encourage and support their learning.

The Reggio Approach began its roots from a town in Italy called Reggio Emilia. The main objectives of the Reggio Approach is instilled in our curriculum; the constructivist approach of learning by doing, children have multiple intelligences, the importance of the environment, a sense of community and families, respect for differences and diversity and education for children.

WALKER CLASSROOM 1- 2 YEARS OLD Making sense of the world through the five senses. Supporting their curiosity, interaction with peers and increasing mobility.	TODDLER CLASSROOM 2-3 YEARS OLD Exploration through sensory play, providing practice for independence, self help skills and language development.	NURSERY CLASSROOM 3-4 YEARS OLD Opportunities for collaboration with others, a sense of responsibility for self and others. Growing sense of self awareness.	PRESCHOOL CLASSROOM 4-5 YEARS OLD Supporting the ability to problem solve, communicate and organizing thoughts and ideas.
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Why Parents Prefer Red Rabbit

A Note From Our Founder

I started Red Rabbit to provide healthy breakfasts, lunches and snacks for kids in school. Today, we are serving more than 20,000 meals every day across the Greater New York area. We use the freshest ingredients possible, prepare the meals in our kitchens and deliver directly to schools.

As a company located right here in New York City, we make sure our meal programs meet your needs and those of our toughest critics—your kids.

With Red Rabbit on your side, bringing healthy foods to kids in school has never been easier.

Rhys Powell
President & Founder



All Red Rabbit Meals are Kid-tested & Approved

We serve:

20,000+ meals and snacks delivered fresh every day!

- ✔ Developed by a team of chefs and nutritionists
- ✔ Prepared from scratch daily with fresh fruits, vegetables & dairy products
- ✔ Taste great & exceed USDA nutrition guidelines
- ✔ Balanced to provide optimal nutrition for high-performing & engaged kids

What Makes Red Rabbit Different

- ✔ Made-from-scratch meals
- ✔ Convenient meal delivery
- ✔ Kid-tested & approved meals
- ✔ Competitively-priced
- ✔ Responsive customer care
- ✔ Customized meal programs
- ✔ Educational programs
- ✔ Diverse & varied menu

A Typical Red Rabbit Weekly Menu

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BREAKFAST Scrambled Eggs Whole Wheat Toast Fresh Fruit	BREAKFAST Whole Wheat French Toast w. Fruit Topping Fresh Fruit	BREAKFAST Whole Wheat Bagel w. Cream Cheese Fresh Fruit	BREAKFAST Blueberry Yogurt Parfait w. Homemade Granola Fresh Fruit	BREAKFAST Whole Wheat Pancakes w. Fruit Topping Fresh Fruit
LUNCH Honey Mustard Chicken Whole Grain Couscous Steamed Carrots Vegetable Medley Fresh Fruit	LUNCH Homemade Baked Ziti Tomato Wedges Garden Salad w. Homemade Vinaigrette Fresh Fruit	LUNCH Pulled Turkey Fajitas Whole Wheat Tortilla Mexicali Brown Rice Black Beans Pico De Gallo Fresh Fruit	LUNCH Beef Bolognese Spaghetti Noodles Fresh Sweet Corn Steamed Green Peas Fresh Fruit	LUNCH Chinese Style Rice w/ Chicken Steamed Green Beans Chana Salad Fresh Fruit
SNACK Whole Wheat Banana Muffin	SNACK Whole Wheat Soft Pretzels	SNACK Part-skim Mozzarella Sticks	SNACK Baked Cinnamon Pita Crisps	SNACK Gingersnap Cookie

Introducing LifeCubby!



Daily Documentation and Communication System

LifeCubby provides families with a digital platform for receiving your child's Daily Report along with photos of your child's day! Watch for your email containing a link to your account as well as your password. Look for LifeCubby Family App in Google Play or iTunes. Your parent account is FREE, and you can access it from any computer or mobile device.

LifeCubby Family App™

Features/Functions:

- ✓ Review Daily Sheets, Observations, etc
- ✓ Check-in from your own device
- ✓ Post own photos/video
- ✓ Cubby Pals!
- ✓ LIVE communications with teachers

