



慈濟密西沙加人文學校
Buddhist Tzu Chi Academy for The Humanities in Mississauga

上課地點：Lorne Park Secondary School

1324 Lorne Park Rd. Mississauga L5H 3B1 TEL：647-210-7996 (週六專線)

網址 website：http://www.tceastcanada.org

2018-2019 學年度 註冊報名表 Registration Form

*星號欄位舊生免填 (Fields with * existing student no need to fill in)

編號 No. _____

學生姓名 Chinese Name	英文名字 English Name		
出生日期 Date of Birth	年 Year	月 Month	日 Day
	性別 Gender	男 M <input type="checkbox"/> 女 F <input type="checkbox"/>	舊生現在班級 Existing Student Class
就讀日校 Day School	日校年級 Day School Grade		
住家電話 Home Tel. No.	() -	手機號碼 Cell Number	() -
地 址 Home address	Street: City:	apt.: Postal Code:	
父親姓名 Father's Name	母親姓名 Mother's Name		
緊急聯絡人 Emergency Contact	緊急聯絡電話 Contact Phone		() -
學生健康卡 OHIP NO.	父或母電郵信箱 Parents e-mail		
家庭語言 Home Language	<input type="checkbox"/> 英文 English <input type="checkbox"/> 國語 Mandarin <input type="checkbox"/> 台語 Taiwanese <input type="checkbox"/> 粵語 Cantonese <input type="checkbox"/> 其他 Other _____ (請註明 Please specify)		
*是否學過中文 *Studied Chinese	<input type="checkbox"/> 是 Yes; 學過 Year Learned ___年 <input type="checkbox"/> 否 No		
費用明細 Tuition cost	學雜費 Tuition fee : \$300.00/ yr 制服 Uniform : <input type="checkbox"/> 夏 Summer \$15.00 <input type="checkbox"/> 冬 Winter \$30.00	測試後班別 Grade After Test	(由校方填寫 School Fills)
繳費方式 Payment Methods	<input type="checkbox"/> 現金 Cash 支票抬頭 Cheque title 請開立： B.T.C.A.F.T.H 請註明學生的班級、姓名 <input type="checkbox"/> 支票 Cheque please memo student name and class. 學費、制服費請分別開立支票		
退費條款 Refund Policy	開學三週內退學，學費退一半；三週後，恕不退費。 50% of the tuition refund available within 3 weeks after school starts; no refund granted after 3 weeks.		
填表日期 Date	年(Y) 月(M) 日(D)		

(請翻至背面填寫 Please also complete the back part of the form)



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肖像授權書〔Authorization and release〕

我同意密西沙加慈濟人文學校，可以無限使用我的孩子的照片，僅限於慈濟人文學校內以及網站和學校的簡訊與年刊、慈濟其他的網站或慈濟其他學校的簡訊與年刊。

I hereby consent to the use of pictures of my child in the school, on the Tzu Chi Academy of Humanistic Studies in Mississauga website, on other Tzu Chi websites, or school newsletters/yearbooks, as described in the letter above. I understand that the photographs will be used only in school, on the Tzu Chi Academy of Humanistic Studies in Mississauga, other Tzu Chi websites, or school newsletters/yearbooks. This consent shall be continuing with no limitations or reservations, except those stated above.

本人同意 agree 本人僅同意團體照 agree with group pictures only 本人不同意 disagree

家長簽名〔Parent/Guardian Signature〕：_____

日期〔Date〕：____/____/____

就醫授權書〔Medical Release Form〕

假如發生意外事故並且慈濟人文學校聯絡不到您，請將兩個可以代您關照而且替您的小孩負責就醫的親戚或是朋友的名字寫出來。

Should your child be hurt in an accident and we are unable to contact you, please list the names of two individuals who will take responsibility in seeking medical attention.

1. Name/姓名：_____ Tel/電話：_____

2. Name/姓名：_____ Tel/電話：_____

3. Doctor/家庭醫生：_____ Tel/電話：_____

您的孩子是否有對食物或其他東西過敏，或是有其他必須注意的疾病？ 是 否

如果有，請列舉 _____

Does your child allergic to any food or other materials, or any illness need to be alerted?

yes no If your answer is yes, please list them. _____

倘若您所填的資料有任何變更，請儘快通知慈濟人文學校，假如發生意外事故並且慈濟人文學校聯絡不到父母親，也不能聯絡到父母親所指定的其他的負責人，則慈濟人文學校有權替學生採取就醫措施，父母親不能有任何異議。

Should there be any changes in the above information, please inform the school immediately. If the Tzu-Chi Academy is unable to contact both the students' parents and those persons designated above, it has the authority to seek medical attention for the student with no objection from the students' parents.

PARENTS SIGNATURE/父母親的簽字：_____ Date/日期：_____