



慈濟北多倫多人文學校
Tzu Chi Academy of Humanistic Studies in North Toronto

上課地點：Unionville High School

201 Town Centre Boulevard, Markham, ON L3R 8G5 Tel : (647) 913-6936 / (647) 931-3092

2019-2020 學年度 註冊單/ 報名表

Registration Form

*星號欄位舊生不需填寫 (Fields with * existing student are not required 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 月 日 Year Month Day	*性別 *Gender	男 M <input type="checkbox"/> 女 F <input type="checkbox"/>	舊生現在班級 Existing Student Class	*曾在慈濟就讀 <input type="checkbox"/> (請指明) Study in Tzu Chi before
住家電話 Home Tel. No.	() -	手機號碼 Cell Number	() -		
地 址 Address	Street / no.:		apt.:		
	City:		Postal Code :		
*父母親姓名 *Parents Name			父或母電郵信箱 Parent email address		
緊急聯絡人及電話 Emergency Contact Person & Phone No.			學生健康卡 OHIP NO.		
*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		需要特別輔導 Special Coaching	<input type="checkbox"/> 是 Yes; 請註明原因 Reason : <input type="checkbox"/> 否 No	
*費用明細 *Tuition cost	學雜費 Tuition fee : \$330.00/ yr. (同一家庭之第三位\$310.00/ yr , 第四位\$300.00/ yr , 第五位\$290.00/ yr , 依姓氏及居住地址判定) 制服購買請洽辦公室 (夏 Summer \$15.00 冬 Winter \$30.00) 制服另外收費, 與學費分開。 Uniform is to be purchased in the office separately.			測試後班別 Grade After Test	(由校方填寫 Office use only)
繳費方式 Payment Methods	<input type="checkbox"/> 現金 Cash ● 支票抬頭請開立: B.T.C.A.F.T.H , 請註明學生的班級、姓名				
	<input type="checkbox"/> 支票 Cheque ● Cheque title : B.T.C.A.F.T.H , please memo student name and class.				
退費條款 Withdrawal Policy	<ul style="list-style-type: none"> 開學三週內退學, 學費退一半; 三週後, 恕不退費。 For students who wish to discontinue schooling within the first 3 weeks, 50% of tuition refund is available (No refund granted after 3 weeks). 開學三週內辦理休學, 下學年回校需再補繳學費一半, 超過三週辦理休學視同退學。 Returning students who withdrew within the first 3 weeks only need to pay 50% of tuition for next year (Applies only for the first 3 weeks). 				
照片刊登同意書 Pictures publishing agreement	慈濟北多倫多人文學校網頁將有機會刊登貴子女作品與照片。 I grant and release to T.C.A.H.S.N.T. the right to use photographs and school works in which my child(ren) appears for use in the academy's home page or any other publications. <input type="checkbox"/> 本人同意 agree <input type="checkbox"/> 本人僅同意團體照 agree with group pictures only <input type="checkbox"/> 本人不同意 disagree				
填表日期 Date	年(Y)		月(M)		日(D)



慈濟北多倫多人文學校 2019-2020 註冊收據
2019-2020 Registration Receipt

編號 No. _____

學生姓名 Name : _____ 學雜費 Tuition : \$ _____

年 級 Grade : _____ 現金 Cash 支票 Cheque

註冊組 收款人/ 日期 (Signature/ Date) : _____

*新生請于 9月7日(六)或 9月14日(六)11:00am~3:00pm 至慈濟北多倫多聯絡 (20 Wertheim Court, Unit# 21, Richmond Hill) 丈量制服尺寸及購買制服。如有疑問, 請致電: (647) 913-6936 或 (647) 931-3092

*New Students please come on 9/7 & 9/14 Saturday, 11:00 am ~ 3:00 pm, 20 Wertheim Court, Unit# 21, Richmond Hill to try out and purchase uniform. Any question about uniform, please contact (647) 913-6936 or (647) 931-3092



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就醫授權書 Medical Release Form

學生中英文姓名 Student Chinese/ English Name : _____

假如發生意外事故並且慈濟人文學校無法聯絡到您，本校將連絡您所填寫之緊急聯絡人，關照並且負責您的小孩就醫，請詳述下表資料。

Should your child be hurt in an accident and the Tzu-Chi Academy is unable to contact you, we will contact your Emergency Contact who you filled on the front page and let her/him take your child to seek medical attention. Please fill out the following information.

家庭醫生 _____ 聯絡電話 _____
Family Doctor _____ Phone No. _____

學生過敏病症 Student Allergy Information	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No	如果有，請詳述病症及徵狀 If yes, please describe the symptom.
過敏發作 處理方法 Treatment for allergy	請家長提供 Need parents' input	
Epi-pen 的使用 The usage of Epi-pen	<input type="checkbox"/> 有 Yes <input type="checkbox"/> 無 No	如果有，請家長在每次上課前提供交給老師 If yes, it's necessary to provide the Epi-pen to the teacher before the class starts.

倘若您所填的資料有任何變更，請儘快通知慈濟人文學校，假設發生意外事故而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負責人，則慈濟人文學校有全權替學生採取就醫措施，父母親不得有任何異議。

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

父母親的簽字 Parents Signature : _____

日期 Date : _____