



慈濟多倫多人文學校

TZU CHI ACADEMY FOR THE HUMANITIES IN TORONTO

上課地點 School address : Sir John A. MacDonald Collegiate Institute
2300 Pharmacy Ave., Scarborough, ON. M1W 1H8 Tel: 647-888-2889 (週日專線/School hours only)
Office Tel: 416-886-8886 Office: 171 Delhi Ave, Toronto, ON M3H 1A7
Website: http://www.tzuchieast.ca

2019-2020 學年註冊報名表 Registration Form

Registration form with multiple sections: Parent use only, Student information, Address, Family details, Language, Tuition Policy, Withdrawal Policy, Uniform, Office use only, and Tuition fee.



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家長授權同意書 Parent Consent and Authorization

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

一. 照片影像刊登同意書 Photo/Video Publishing Agreement

慈濟多倫多人文學校網頁將有機會刊登貴子女作品以及照片和影像。

I grant and release to Tzu Chi Academy the right to use photographs and videos as well school works in which my child(ren) appears for use in the academy's home page or any other publications.

同意 Agree 僅同意團體照 Agree with group pictures only 不同意 Disagree

二. 就醫授權書 Emergency Information & Authorization for Treatment

若發生意外事故並且慈濟人文學校無法聯絡到您，本校將聯絡您在下表填寫之緊急聯絡人來代為授權處理，關照並負責您的小孩就醫。若下表資料發生變更，請立即通知校方。萬一意外事故發生時，學校聯絡不到您和您授權的緊急聯絡人，您同意慈濟人文學校替學生採取緊急就醫措施。

When you cannot be reached upon an emergency, Tzu Chi Academy will contact your Emergency Contact listed below and let him/her take care of your child and seek medical care. You must notify us as soon as possible of any changes to the contact information below. In the event of an emergency, you hereby authorize Tzu Chi Academy to seek medical/emergency care if you and the emergency contact listed below cannot be reached.

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

緊急聯絡人 Emergency contact person _____ 聯絡電話 Phone No. (_____) _____ - _____

• 是否對任何藥物過敏 Allergic to any medication: 無 No 有 Yes _____

• 是否對任何食物過敏 Allergic to any foods: 無 No 有 Yes _____

如需使用 Epi-pen，請務必每次上課前交給老師: 無 No 有 Yes

If Epi-pen is needed, you must provide it to the teacher before the class starts

• 是否有健康問題 (如氣喘、心臟病等): 無 No 有 Yes _____

Any health condition that we need to be aware of (i.e. asthma, heart problem, etc.)

家長/監護人簽字 Parent/Guardian's Signature:

簽字日期 Date:

_____ 年(Y) _____ 月(M) _____ 日(D)