



慈濟北多倫多人文學校  
Tzu Chi Academy For the Humanities 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

**2020-2021 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 YY	月 MM	日 DD	*性別 男 M <input type="checkbox"/> *Gender 女 F <input type="checkbox"/>
住家電話 Home Tel. No.	( ) - ( )		手機號碼 Cell Number	( ) - ( )
地址 Address	Street / no.:		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 <input type="checkbox"/> 否 No		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 fee	學雜費 Tuition : \$360/year (同一家庭之第三位\$340/year, 第四位\$330/year, 第五位\$320/year, 依姓氏及居住地址判定。) 制服購買請洽辦公室 (Uniform : 夏 Summer \$15, 冬 Winter \$30) 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 <input checked="" type="checkbox"/> 支票抬頭請開立 Cheque payable to : <b>B.T.C.A.F.T.H</b> , 請註明學生的班級、姓名。(Please memo student name and class). 請勿開立逾期支票 (Postdated cheque is not accepted).			
退費條款 Withdrawal Policy	<ul style="list-style-type: none"> <li>開學二週內退學, 學費退一半; 開學二週後, 恕不退費。Refund: 50% of tuition fee within the first 2 weeks (No refund after 2 weeks).</li> <li>如果約克區教育局因為惡劣天氣或罷工等原因導致不租借學校, 本校必須停課, 將不予補課, 造成不便, 敬請見諒。If YRDSB cancels school rental permit due to bad weather conditions or strike etc, there will be no classes on that day.</li> </ul>			
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 Tzu Chi Academy For the Humanities in North Toronto 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(YY)		月(MM)	日(DD)



慈濟北多倫多人文學校 2020-2021 註冊收據  
2020-2021 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) : \_\_\_\_\_

※新生請於 9 月 20 日 (日) 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 9/20 Sunday, 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 and 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 symptoms.
過敏發作處理方法 Treatment for allergy	請家長提供 Please provide information	
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，假設發生意外事故時，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 the people designated above, it has the authority to seek medical attention for the student with no objection from the student's parents.

家長或監護人簽名 Parents/Guardian Signature : \_\_\_\_\_

日期 Date : \_\_\_\_\_