



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
Email: tzuchi.northtorontoschool@gmail.com Tel: (647) 913-6936 / (647) 931-3092



Facebook 專頁

2022-2023 學年度 註冊單/ 報名表

Registration Form



線上報名表

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 Gender	男 M <input type="checkbox"/> 女 F <input type="checkbox"/>
住家電話 Home Tel. No.	() -		手機號碼 Cell Number	() -	
地址 Address	Street / no.:		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 <input type="checkbox"/> 否 No		兄弟姊妹 Sibling 姓名及就讀班級 Name & Grade :		
費用明細 Tuition fee	學雜費 Tuition : \$420/year (同一家庭之第二位\$400/year, 第三位\$390/year, 第四位\$380/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 type="checkbox"/> e-Transfer <input type="checkbox"/> 支票 Cheque		支票抬頭請開立 Cheque payable to: B.T.C.A.F.T.H, 請註明學生的班級、姓名。 (Please memo student name and class). 請勿開立遠期支票 (Postdated cheque is not accepted). 郵寄支票地址: 20 Wertheim Crt, Unit# 21, Richmond Hill, Ontario, Canada L4B 3A8 e-Transfer 繳費 email address: jane.sc.huang@gmail.com		
退費條款 Withdrawal Policy	<ul style="list-style-type: none"> 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). 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. 				
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 2022-2023 註冊收據 2022-2023 Registration Receipt

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

年 級 Grade : _____ 現金 Cash 支票 Cheque e-Transfer

註冊組 收款人/ 日期 (Signature/ Date) : _____

※購買制服請於 9 月 25 日 (日) 9:00am~11:30am 到慈濟北多倫多人文學校辦公室 (201 Town Centre Blvd., Unionville, Ontario) 請購。

※Student uniforms can be purchased at the school office on September 25, 9:00 am ~ 11:30 am at 201 Town Centre Blvd., Unionville, Ontario.

Tel: (647) 913-6936



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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
Family Doctor _____

聯絡電話
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 : _____

報名資訊來源 How did you hear about us? (可選擇多項 Can choose more than one)

- Facebook 慈濟加東網站 Website Line/微信 WeChat/WhatsApp 招生海報 Registration poster
 學生/家長介紹 Student or parent 朋友/親屬介紹 From a friend or relatives 慈濟志工 Tzu Chi volunteers
 慈濟人文學校教職員 Teacher and Staff 其他： _____