



慈濟加拿大分會本拿比人文學校
Canada Tzu Chi Academy of Humanistic Studies in Burnaby
學生註冊登記表 Student Registration Form

Please send your registration form to: lilichen66@gmail.com Fax:604-266-7659
Check payable to: BTCAFTH Mail to : 8850 Osler Street, Vancouver, BC V6P 4G2

**Refund Policy: Refund half of the tuition fee in two weeks after school opens. No refund after two weeks.
Please keep receipt for tax return.**

學號	班級代號	註冊日期	此欄由本校承辦人員填寫 School Personnel Only	
中文姓名 Chinese Name		性別 Gender	<input type="checkbox"/> 男 M	<input type="checkbox"/> 女 F
		出生日期 Birthday	年 Y	月 M
			日 D	
英文姓名 English Name	名字 First Name	姓氏 Last Name		
欲就讀班級 Class to Register	<input type="checkbox"/> 上午中文 AM_Chi	<input type="checkbox"/> 下午中文 PM_Chi	<input type="checkbox"/> 輔導班 Enrichment Class	曾就讀中文學校 Previous Chinese School
曾學何種拼讀法 Spelling Learned	<input type="checkbox"/> 無 None	<input type="checkbox"/> 注音 Phonics	<input type="checkbox"/> 拼音 Pin Yin	日常使用語言 Daily Language
聯絡地址 Address				城 / 市 Town / City
省 Province				郵遞區號 Post Code
家長 / 監護人 Parent / Guardian				電話 (家) Telephone (H)
手機 Cell Phone				電話 (公) Telephone (O)
傳真 Facsimile				電郵信箱 E-mail address
介紹人 Reference	與慈濟關係 Relations With Tzu-Chi			
	<input type="checkbox"/> 榮董 <input type="checkbox"/> 委員 <input type="checkbox"/> 慈誠 <input type="checkbox"/> 志工 <input type="checkbox"/> 會員			
緊急聯絡人 (1) Emergency Contact				緊急聯絡人 (2) Emergency Contact
手機 Cell Phone				手機 Cell Phone
電話 (家) Telephone (H)				電話 (家) Telephone (H)
				電話 (公) Telephone (O)
海外緊急聯絡人 Overseas Contact				稱謂 Relations
海外聯絡電話 Overseas Telephone				地區 Region
專長 Speciality				備用 Note
貴子弟在校期間參與活動之相片或個人作品，學校是否可使用呢？請勾選 <input type="checkbox"/> 是 yes <input type="checkbox"/> 否 no Do you permit the school to use the photographs or craft works of your child during the period of participating in school activities? Please Choose.				



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就醫授權書

假如發生意外事故，並且慈濟加拿大分會本拿比人文學校聯絡不到父母或是監護人，請填寫兩位可以代為關照而且能負責就醫事責的緊急聯絡人。若您或是緊急聯絡人的聯絡資料有任何變更，請儘快通知慈濟加拿大分會本拿比人文學校。假設有任何意外事件，慈濟加拿大分會本拿比人文學校聯絡不到父母或是監護人，則慈濟加拿大分會本拿比人文學校有全權採取就醫措施。

Medical Release Form

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

Should there be any changes in the above information, please inform the school immediately. If the Canada Tzu Chi Academy of Humanistic Studies in Burnaby is unable to contact both the students' guardians and those emergency contacts listed in this form, it has the authority to seek medical attention for the student with no objection from the students' parents.

學生中英文姓名 Student Chinese/English Name :	健保卡號碼 Care Card No.
家庭醫生 Family Doctor	電話 Phone :
病史 Medical History	
食物過敏明細 Allergy Information <input type="checkbox"/> 有 yes <input type="checkbox"/> 無 No 如果有，請詳述症狀 If yes, please describe the symptoms.	
服用藥品名稱 (懇請詳細填寫並註明成分) Prescribed Medicine (Include dosage per use)	
監護人簽名 Guardians' Signature :	日期 Date :