



華府慈濟人文學校

The Tzu-Chi Academy
Washington, DC U.S.A.

Family ID: _____ 〈註冊人員填寫〉

• Check# _____ • Cash

Amount US\$ _____ Remarks: _____

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2010-2011 學年度學生報名表 New Student Registration Form

Student(s) Information:

| English Name (First/Last) | 中文姓名 | 性別 | 出生日期 | Public School | 中文學校 | | 備註 |
|------------------------------|------|----|------|---------------|---------|-----|----|
| | | | | Grade | Current | New | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

(2010-2011 學年授課班級：學前、注音、靜一、靜二、靜三、靜四、靜五、靜六、靜七、靜八、靜九)

| | | | |
|---|-----------|--|-----------|
| Parent's Name (父 Father) or Legal Guardian | (English) | Parent's Name (母 Mother) or Legal Guardian | (English) |
| | (Chinese) | | (Chinese) |
| | e-mail: | | e-mail: |
| Address | | | |
| Phone Number | (H) | Emergency Contact Person | Name: |
| | (Cell) | | TEL: |
| 需要請購制服嗎? • 夏季(\$12/件) • 冬季(\$15/件), 請洽劉美美師姐 TEL: (703) 815-6183 | | | |
| • 若您不希望收到慈濟華府通訊刊物請打勾, 未特別註明者, 將列入郵寄名單。 | | | |

5/8 ~6/12/2010(優惠期)可在人文學校辦理註冊, 或郵寄至華府慈濟會所: 1516 Moorings Drive, Reston, VA 20190。
若有您有任何問題, 請洽詢註冊組洪逸芬(703)281-1740, e-mail: fiho@nreca.org。

學雜費 Tuition: Please makes check payable to "Tzu-Chi Academy"

| | | | |
|--|--|----------------|-----------------|
| 1. No. of Student | <u>*One Semester / Two Semester**</u> | | |
| • 1 | \$215/\$420 | | |
| • 2 | \$425/\$840 | | |
| • 3 | \$635/\$1260 | Sub Total..... | \$ _____ |
| 2. Application Fee (Non Refundable): 10/Per Family | | | + \$ <u>10</u> |
| | *** Paid by 6/6/09 Discount (\$20 x __student) | | - \$ _____ |
| | Total | | \$ _____ |

| |
|--|
| <p><說明> * 同一家庭兩個孩子以上, 第二個孩子每學期可優待\$5.00。 ** 完成學年註冊繳費者, 每個家庭可優待\$10.00。 *** 6/12/2010 之前完成學期註冊繳費者, 每位學生每學期可優待\$20.00。</p> |
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休、退學學生, 必須由家長填寫「休退學申請單」〈請至註冊組取表格〉, 並依照本校規定程序辦理, 休學學生復學程序, 將以新生入學辦法辦理。

- <退費辦法>:
1. 已註冊之本校學生在開學日前申請退費, 除扣除手續費外, 學費全額退還。
 2. 自開學日至第二次上課日前申請者扣除百分之二十五。
 3. 自開學日至第四次上課日前申請這扣除百分之五十。
 4. 自開學日至第四次上課以後不再退費. 詳情請與註冊組聯絡。

2010-2011 年免責任就醫授權書 MEDICAL RELEASE FORM

假如發生意外事故並且人文學校聯絡不到您，請將兩位可以代您關照而且替您的小孩負責就醫的親戚朋友的名字寫出來。 Should your child be hurt in an accident and we are unable to contact you. Please list the names of two individuals who will take responsibility in seeking medical attention.

1. 姓名(Name) : _____ Tel : _____ Cell: _____

2. 姓名(Name) : _____ Tel : _____ Cell: _____

家庭醫生(Doctor) : _____ 電話(Tel) : _____

倘若您所填的資料有任何變更，請儘快通知人文學校，假設發生意外事故而且人文學校聯絡不到父母親，也聯絡不到父母親所指定的其他負責人，則人文學校有權替學生採取緊急就醫措施，學生家長不能有任何異議。 Should there be any changes in the above information, please inform the school immediately. If the Tzu-Chi Academy is unable to contact both the student's 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.

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

1. I, hereby acknowledge that I have voluntarily applied for my child, _____, to participate in all activities to be conducted by THE TZU-CHI ACADEMY ("TCA"). I agree to defend, indemnify and save harmless, TCA and its officers, chaperons, teachers, volunteers, employees, and other persons associated with TCA from and against any and all claims, demands, losses, defense costs or liability of any kind or nature which the TCA, its officers, chaperons, teachers, volunteers, employees and other persons associated with TCA may sustain or incur or which may be imposed upon them for injury to or death of persons or damage to property as a result of, arising out of, or in any manner connected with my child's participation in all TCA's activities.
2. I certify that my child has the necessary skills and abilities to participate in all TCA activities and I assume full responsibility for body injury, and loss of personal property, and expenses thereof as a result of my child's negligence in participating in TCA activities. I also agree to instruct my child to abide by the rules or instructions given to them either verbally or in writing by TCA. I further understand that TCA reserves the right to refuse any person judged to be physically or mentally unfit to meet the rigors and requirements of participating in certain activities. I also agree that TCA may use video or photographic or audio records of the activities that my child has participated in for promotional purposes.
3. I also agree that in the event of illness or accident of my child, any TCA officers, chaperons, teachers, volunteers, employees and other persons associated with TCA, in whose care my child has been entrusted, is authorized to consent to an X-ray examination, anesthetic, medical or surgical diagnosis of my child; to transportation of my child to any hospital and to treatment and hospital care to be rendered to my child under the general or special supervision and upon the advice of a licensed physician and/or surgeon. I hereby indemnify, discharge and hold harmless

父母/監護人姓名(Parent/Guardian Name): _____ / _____ (English/Chinese)

簽名(Signature): ► _____ 日期(Date) : _____

2010-2011 年影像使用同意書 MEDIA RELEASE AUTHORIZATION

Taiwan Buddhist Tzu Chi Foundation, U.S.A. requests permission to reproduce, through audio or visual means, activities related your student's education. You signature below will enable us to increase public awareness and promote continuation and improvement of educational program through mass media, displays, brochures, etc.

The medial mentioned herein including but not limited to photographs, films, slides, internet, video, and audio tape recordings.

GRANTING OF PERMISSION IS VOLUNTARY AND SHALL REMIAN IN EFFECT THROUGH THE CURRENT SCHOOL YEAR ONLY.

I hereby give my permission:

► _____
(Parent or Legal Guardian's Signature) (Relationship) (Date)

2010-2011 課外活動才藝班 選課單(上學期)

家長姓名(Parents Name): Father _____ /Mother _____

Contact e-mail: _____, TEL: _____, Date: _____

| English Name (First/Last) | 中文姓名 | 性別 | 出生日期 | 人文學校 | | 課外活動前三意願 | | | 備註 |
|------------------------------|------|----|------|---------|-----|----------|--|--|----|
| | | | | Current | New | 代號 | | | |
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家長可保存下聯,以資參考.

2010-2011 課外活動才藝班 選課項目 (上學期)

| 班別 代號 | 才藝班名稱 Extra Curriculum | 選課條件 Prerequisite | 材料費 Material Fee | 備註 Remarks 負責人 |
|----------|--|--|------------------------|----------------------|
| DC | 話劇 (親子) Drama Club (Family) | 不限年齡. (no age limit) | None | TBD |
| LA | Little Angels Play Time | 七歲以下. 限定 10 位 Age 7 and younger, Limited to 10 kids | None | TBD |
| C | 棋藝 Chess/Chinese Checkers | 不限年齡. No age limit | None | TBD |
| CC | 中國書法 Chinese Calligraphy | 不限年齡. No age limit. Age under 6 must be accompanied by parent. | None | TBD |
| O | 親子美勞/摺紙 Origami (Family) | 不限年齡. No age limit. Age under 6 must be accompanied by parent. | None | TBD |
| PD | 西畫/素描 Painting / Drawing | 初級 Beginner: 不限年齡 No age limit | None | TBD |
| | | 中級 Intermediate: 不限年齡 No age limit | | |
| K | 功夫 Karate | 八歲以上. 上課到 5:20 pm Ages 8+. Class to 5:20 p.m. | | TBD |
| B | 球類活動 (網球/籃球) Tennis/Basketball Rotation) | 十歲以上. 人數限定 12 位 age 10+, maximum 12 students | None | TBD |
| AC | 手工藝 (針線/裁縫/編織...) Art & Craft (Sewing...) | 十歲以上,限 10 位, Age 10+, max 12 students Age under 10 must be accompanied by parent. | \$15 每學期 | TBD |
| P | 攝影(new) Photography Club | 十二歲以上.人數限定 16 位. Age 12+, maximum 16 students | \$10 每學期 | TBD |