



紐約慈濟人文學校

Tzu Chi Academy New York

Office Address: 137-77 Northern Blvd. Flushing, NY 11354

School Address: 61-15 Oceania St, Oakland Gardens, NY 11364

www.nytc.school.org (718) 888-0866 academy_NY@tzuchi.us

2022-2023 新生&轉學生註冊表 Registration Form (New & Transfer Students)		註冊日期 Date	<input type="checkbox"/> Transfer student 轉學生	<input type="checkbox"/> New student 新生
Chinese Name 中文姓名：			Class Assigned 編班	<input type="checkbox"/> 注音 Zhuyin <input type="checkbox"/> 拼音 Pinyin
Last Name 英文姓名：		First Name :		
Date of Birth 出生日期：	Year 年	Month 月	Day 日	Gender 性別： <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Proof of Birth (New student only) 出生證明 (新生)		<input type="checkbox"/> 出生紙 Birth Certificate		<input type="checkbox"/> 護照 Passport / country:
Do you have any adults who can help you <u>speak, read, or write</u> Chinese at home? (please circle all applied) / <input type="checkbox"/> none 你在家中有家長可協助你練習 <u>說, 讀</u> 或 <u>寫</u> 中文嗎? 請圈選會的項目 / <input type="checkbox"/> 家人都不會中文				
Home Address 住家地址：		Home Tel.: 家用電話：		
City	Zip Code	eMail (Mother):		
		eMail (Father):		
Father's Name: 父親中文姓名：		Mother's Name: 母親中文姓名：		
父親電話 Father Phone #		母親電話 Mother Phone #		
Other Emergency Contact: 其他緊急連絡人：		Telephone: 緊急連絡人電話：		
Doctor 醫生姓名：		Doctor Tel.: 醫生電話：		
您是慈濟會員嗎? <input type="checkbox"/> 是 <input type="checkbox"/> 否 Are you member of Tzu Chi <input type="checkbox"/> Yes <input type="checkbox"/> No		您願意定期小額捐款贊助慈濟嗎?(捐款可抵稅) <input type="checkbox"/> 是 <input type="checkbox"/> 否 Would you like to make small donation regularly? (Donations are tax-deductible) <input type="checkbox"/> Yes <input type="checkbox"/> No		

FOR SCHOOL USE ONLY

Tuition 學費：	\$500	Total 總計： \$530	<input type="checkbox"/> Check 支票 (Payable to "Tzu Chi") No: _____	Cash 現金 <input type="checkbox"/>
Registration Fee: 註冊費：	\$30		收款人：	

	紐約慈濟人文學校 Tzu-Chi Academy New York	註冊收據 Registration Receipt
Student Name 學生姓名：		班級 Class :
<input type="checkbox"/> Cash 現金	<input type="checkbox"/> Check 支票 No. _____	Total Amount (收取金額)： \$
Received by 收款人：		Date (日期)：
退費辦法 Refund Policy	<p>1. 任何時間辦理退學，需扣手續費 \$30.00。 2. 退費處理過程約為三至四週，註冊費將不退還。 3. 開學日前退費，學費全額退還但須扣除手續費\$30.00。 4. 開學日至第四週上課日申請退費，退還學費 75%。 5. 自第五週上課至第七週上課申請退費，退還學費 50%。 6. 第七週之後，將不再退還學費。</p> <p>1. There will be a \$30.00 service charge for all withdrawals. 2. Return processing time may take 3-4 weeks, registration fee is not refundable. 3. Requests received before school start, refund 90% of tuition. 4. From 1st to 4th week of class, refund 75% of tuition. 5. From 5th week to the 7th week, refund 50% of tuition. 6. No refund given after 7th week.</p>	

*** 學費和制服費不可抵稅 Tuition and uniform fees are non-tax deductible ***



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Tzu Chi Academy New York

<http://www.nytschool.org>

影像授權書

PARENT/GUARDIAN 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. Your signature below will enable us to increase public awareness and promote continuation and improvement of educational program through mass media, displays, brochures, etc.

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

GRANTING OF PERMISSION IS MANDATORY AND SHALL REMAIN IN EFFECT THROUGH THE CURRENT SCHOOL YEAR ONLY.

Student's Name _____

Date of Birth _____

I hereby give my permission:

Print Name:

Relationship to Student: _____



免責任就醫授權書 Medical Release Form

學生姓名(Name) _____

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或朋友的名字寫出來。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) : _____ 電話(Tel) : _____

2. 姓名(Name) : _____ 電話(Tel) : _____

3. 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不但聯絡不到父母親，也無法聯絡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的異議。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 students' 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

- 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.
- 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.
- 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 TCA, its officers, chaperons, teachers, volunteers, employees and other persons associated with TCA from liability because of the exercise of such actions.

Signature of Parent or Legal Guardian: _____

家長簽名

Date: _____

日期

家長志工服務登記表(新生&轉學生家長必須填寫)

Parent Volunteer Registration Form (Required by all new & transfer student parent)

各位家長：

紐約慈濟人文學校學生逐年成長，這都歸功於家長對本校的支持與愛護。身為家長，我們都希望能給孩子最好的教育環境。紐約慈濟人文學校一直以來學費為鄰近各州中文學校最低廉。我們之所以能做到這一點，都是因為學校有許多無私的志工&愛心爸爸媽媽每週的犧牲奉獻。紐約慈濟人文學校自 2013 年起要求新生&轉學生家長必須來校擔任志工。根據學校這些年來的統計，這個制度讓家長和學生有更深一層的感情；中文學習效果更佳。如果您能每週都來，那是學校所期待的。若有困難，學校亦有排班制度；規定每位新生&轉學生家長一年至少要到校服務八週。請將以下表格填妥方便學校作業。倘若家長無法做到，請慎重考慮報名。

Dear Parents:

Tzu Chi Academy New York has experienced growth every year. We would like to thank your trust and continued support. As parents, we all want to give our children the best learning environment. Tzu Chi Academy New York's tuition is among the lowest of all Chinese schools in the Tri-State area. This can only be accomplished because we have a lot of volunteers, including parents, who gave their time and energy to help and support the school. Since 2013, Tzu Chi Academy New York requires all parents of new & transfer students to become a volunteer. Over the years, the school observed that this requirement fostered greater engagement between parents and students, and quicker pickup of Chinese language. The school's expectation is that you volunteer every week. If you have difficulties, you can utilize the school's volunteer time slot system. Parents of new & transfer students are required to volunteer for at least 8 weeks per year. Please fill out the form below for our easy process. If you feel you have difficulties meeting this requirement, please reconsider your application.

媽媽工作性質 愛心媽媽- 協助老師維持班上秩序&幫助老師一些簡單事物。	爸爸工作性質 交通管制&校內維安
<u>Mom's Work Description</u> Teacher Helper- Assist teacher in basic class work	<u>Dad's Work Description</u> Traffic & hall way patrol

學生姓名 Student Name	生日 Date of Birth

【家長志工每次服務時間 (Parent Volunteering Hours) 8:45am – 12:15pm】

參加家長 Participate Parent (Either one or Both)

<input type="checkbox"/> 媽媽 Mother	<input type="checkbox"/> 爸爸 Father
<input type="checkbox"/> 每週參加 Participate Every Week	<input type="checkbox"/> 每週參加 Participate Every Week
<input type="checkbox"/> 排班八週 Schedule For 8 Weeks	<input type="checkbox"/> 排班八週 Schedule For 8 Weeks
Name:	Name:
Cell:	Cell:
eMail:	eMail: