



## 波士頓慈濟人文學校報名表清單

2019-2020

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# 波士頓慈濟人文學校報名表

## Tzu Chi Academy, Boston 2019-2020 Registration Form

新生 New student  舊生 Returning student

### 一、學生資料 Student Information

中文姓名 Chinese Name	英文姓名 English Name	生日 Birthday	性別 Gender	年級 Grade	制服 Uniform Size	學費 Tuition

Please make check payable to: **Tzu Chi Academy**. Mail to: Tzu Chi Academy, Registration Department, 15 Summer St, Newton, MA 02464. Tel: (617) 762-0569. For more information, please visit [www.tzuchiacademyboston.org](http://www.tzuchiacademyboston.org)

### 二、監護人資料 Parent or Legal Guardian information

監護人關係 Relationship	中文姓名 Chinese Name	英文姓名 English Name	C: Cellular Phone 行動電話 O: Office Phone 辦公室電話
			C: O:
			C: O:

### 三、家庭、聯絡人及健康保險資料 Family Emergency Contact and General Health Information

學生住址 Address: <small>street</small> _____ <small>apt#</small> _____ <small>city</small> _____ <small>state</small> _____ <small>zip</small> _____	
住家電話 Home phone: _____	電郵 Email: _____

1. 姓名 (Contact #1 Name): \_\_\_\_\_ 電話 (Tel): \_\_\_\_\_

2. 姓名 (Contact #2 Name): \_\_\_\_\_ 電話 (Tel): \_\_\_\_\_

家庭醫生 (Family Doctor): \_\_\_\_\_ 電話 (Tel): \_\_\_\_\_

保險公司 (Insurance Company): \_\_\_\_\_

特殊健康關照 (Special Medical Attention): \_\_\_\_\_

虛線以下為學校填寫專用 Official use only

	<input type="checkbox"/> 全學年 \$500	<input type="checkbox"/> 家長不執勤全年費用	<input type="checkbox"/> 家長執勤保證金	<input type="checkbox"/> 制服
學費	<input type="checkbox"/> 未付 <input type="checkbox"/> 現金 \$ _____ <input type="checkbox"/> 支票 \$ _____, ck# _____ 付費日期: _____	<input type="checkbox"/> 支票 \$ _____, ck# _____	<input type="checkbox"/> 支票 \$ _____, ck# _____	<input type="checkbox"/> 未付 <input type="checkbox"/> 現金 \$ _____ <input type="checkbox"/> 支票 \$ _____, ck# _____ 短袖 <input type="checkbox"/> 大 <input type="checkbox"/> 中 <input type="checkbox"/> 小 長袖 <input type="checkbox"/> 大 <input type="checkbox"/> 中 <input type="checkbox"/> 小
備註				

## 備註 Remarks

### I. 語文班 Language Class: 9:30am-10:20am, 10:30am-11:20am

年級 Grade	年齡 Age	年級 Grade	年齡 Age
幼小班 Kindergarten I	4+ years (必須於 2014/8/30 前出生)	一至九年級 1 <sup>st</sup> to 9 <sup>th</sup> grade	
幼中班 Kindergarten II	5+ years		
幼大班 Kindergarten III	6+ years		

### II. 人文課程 Humanity & Culture Extracurricular Class: 11:30am-12:20pm

### III. 學費及退費辦法 Tuition and Refund Policy

**A. 學費：**包括註冊費、教材費、學雜費及課外活動基本費（部份課外活動需額外收費），一學年收 500 元。舊生請於學期結束前註冊，以便新學年規劃。在本學期結束之前 (6/9/2019) 報名享有 20 元優待(只收 480 元)。一個家庭若有三位以上的小孩同時就讀，第三、四位小孩學費只收半價，第五位小孩免費。聘任慈濟教師子女學費另享有額外優惠。

**Tuition:** \$500 per year; basic extra-curricular activity fees included (some extra-curricular activity requires additional fee). A \$20 discount per child is available to those who pay the tuition by 6/9/2019. If a family has three or more children attending Tzu Chi Academy, the third and fourth child will only pay 50% of the full tuition, and the fifth child can attend the class for free. Children of Tzu Chi teachers can receive additional discount.

**B. 制服費：**每位新學生最多可免費索取長袖制服或短袖制服一件。額外制服十元一件。

**Uniform costs:** Each new student can request a long- sleeve or a short-sleeve uniform free of charge the first school year. Additional uniform can be purchased with \$10 each.

**C. 退費辦法：**開學日之前申請退費，學費全額退還。開學日後三十天之內申請退費，退學費之 75%，之後不再退費。

#### Tuition refund policy:

- Refund request made before the first class will receive full refund.
- Refund request made within 30 days after school starts will receive 75% of tuition paid.
- Refund request received after the first month will receive NO REFUND

**D. 家長值勤：**除教師，家長代表及校務人員外，家長需義務執勤兩周。若家長因故無法執勤，可在報名單上註明，並繳值勤費全學年 \$50。註冊時需繳交未附日期的家長保證金支票 \$50，待履行值日義務後，原支票將退還給家長。凡不事先通知也不按時履行值日義務者，\$50 執勤保證金支票將不予退還。值日日期將會在每周通訊上告知。請家長分別開兩張支票，一張為學費，另一張為執勤保證金。

**Parent Duty:** All TCA families (except for those with at least one parent actively serving as teacher, parent representative, and/or administrative staff) are required to perform parent duty twice each school year. Parent duty assignment will be sent to you on the weekly newsletter. Please note that TCA is run entirely by volunteers. As such, we strongly urge all parents to help by performing parent duty. If you are unable to show up for parent duty, please contact the Executive Secretary for rescheduling. Please submit an undated check of \$50 to the school as a security deposit. After the second duty is fulfilled, the school will return the check to you. If a parent does not fulfill the duty on the assigned date without notifying the school for rescheduling, the school will cash the deposit check. The deposit check for parent duty should be a separate one from the tuition. Please submit two checks – one for tuition, and the other for parent duty deposit (check should not be dated). You may also opt out of parent duty, in which \$50 will be added to the tuition.

Tzu Chi Academy, Boston

## 2019/2020 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"). In consideration of being permitted to participate in TCA Activities, I agree, for my child, myself, and for my heirs, successors, assigns, and personal representatives, to assume all the risks and responsibilities surrounding my child's participation in all TCA Activities and, to the maximum extent permitted by law, release and agree to indemnify 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 person (including injuries resulting in bodily injury, illness or death) or property which my child may suffer, or for which my child or I may be liable to any other person during my child's participation in the TCA Activities, including any claim for damages based on the alleged negligent acts or omissions of TCA. I further agree not to sue or otherwise assert any claim against TCA arising out of or in connection with my child's participation in TCA Activities, specifically waiving my right to sue for any claim, demand or cause of action heretofore released.
- 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: \_\_\_\_\_ Date: \_\_\_\_\_

家長簽名

日期

## 2019/2020 School Year

### PARENT/GUARDIAN MEDIA RELEASE AUTHORIZATION

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 programs through mass media, displays, brochures, etc.

The media mentioned herein include but are 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.**

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Class \_\_\_\_\_

I hereby give my permission:

Parent (or Guardian) Signature: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Date \_\_\_\_\_

