



紐約州長島慈濟人文學校

Tzu Chi Academy, Long Island, New York

**School Address: Oyster Bay High School**

**150 E. Main Street, Oyster Bay NY 11771**

Mailing Address: 60 East Williston Ave., East Williston, NY 11596

Tel: (516) 516-873-6888 Fax: (516) 746-0626

Website: <http://education.us.tzuchi.org/index.php/tca-nyisland/tca-nyisland-tw>

## 2014-2015 年度招生簡章

### 2014-2015 School Year Registration Form

“教育”是慈濟的四大志業之一，慈濟的教育理念除了中文的學習外，最重要的一點是強調下一代的生活倫理道德的觀念。所謂人文教育就是人與人之間應有的尊重、愛與關懷，我們不僅希望孩子們在華語方面奠定紮實的根基，並且盼望孩子從人文教育薰陶中，學習到如何做一位有品德有愛心的人，以回饋社會。

人文學校的宗旨：

以慈悲喜捨的精神，誠正信實的態度，教導海外有心學習中文的人，使其認識中華文化，培養正確的人生觀。

人文學校的原則：

非營利之教育文化機構，秉持慈濟精神與理念，來推動啟發性的教育。

人文學校的特色：

除了華語的教學外，每週上課有靜思語教學。“靜思語”是證嚴上人平日與弟子、會員或社會人士的談話所摘錄下來，並無宗教色彩，其中包含許多待人處世的道理，我們希望能將這些寶貴的話語，真正落實在平日表現中。老師及學生一律穿制服，旨在求人間平等，並便於管理。每班均由家長共同組成愛心爸爸和愛心媽媽，來幫助學生並維持上課的秩序。本校將邀請全校家長輪流擔任一學年一次的一日歡喜志工，感恩家長一起來護持學校的活動。

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The world is always on the road of changing: sometimes better and sometimes worse. It is also our chance to learn from the changes. The pedagogical goal for Tzu-Chi Chinese School is not only to teach the Chinese language and culture, but also to inspire the compassion within our students as well. Whatever situations or times arrive, we try to ignite the warmth and love in their hearts and guide our students to the way of love. For we believe, love is here, even in the saddest, darkest, or most helpless moments. Love is always here.



# 紐約州長島慈濟人文學校

Tzu Chi Academy, Long Island, New York

## 2014-15 年度註冊報名通知

### 2014-15 School Year Registration Form

1. 註冊時間及對象 Registration Time: 自 4/27/2014 起接受報名 Registration starts on 4/27/2014

招生年齡: 2010 年 9 月 07 日以前出生 (年滿四歲)

可以通訊報名, 詳情請洽慈濟基金會長島支會 (516) 873-6888

We accept registration by mail to: 60 East Williston Ave., East Williston, NY 11596

For all inquires, please call Long Island Tzu Chi office at: 516-873-6888

Admission Age: 4 years old and above Children born before September 07, 2010

2. 上課地點 Location & Direction:

Oyster Bay High School, 150 E Main Street, Oyster Bay, NY 11771

Take Long Island Expressway to Exit 41 N (Rt. 106 Oyster Bay & Rt. 107 Glen Cove). Stay on Rt. 106 going north toward Oyster Bay, pass through the intersection with Rt. 25A, and go straight 2.2 miles (about 5 traffic lights) and make a right turn into E. Main street, after you pass the church, you will see the school on your right side.

3. 費用 Fees:

以一學年度計算。支票請寫學生姓名。支票抬頭: "TZU CHI ACADEMY, LONG ISLAND"

Tuition Fee includes one year (two semesters). Please write student's name on check, and payable to:

"TZU CHI ACADEMY, LONG ISLAND"

\* 註冊費 \$30 不退費, 不可抵稅 Registration Fee: \$30 Not refundable, Non-tax deductible

\* 學雜費 \$470 一學年, 不可抵稅 Tuition: \$470/per year Non-tax deductible

\* 制服 Uniforms:

\* 5/31/2014 前註冊者每位學生有\$30 折扣 Student register before 5/31/2014 gets \$30 discount

\* 同一家庭第二個學童另有 \$10 減免, 以此類推。2<sup>nd</sup> or 3<sup>rd</sup> child from same family will have \$10 discount for each child.

4. 課程及說明 School Hours/Course and Description :

上課時間: 9:00am - 1:00 pm (包括語文、靜思語教學、人文課及 20 週才藝課)

六歲以下參加唱遊班, 六歲以上可選擇課外活動, 課外活動於第三週開始, 課程於開學前通知。

School hours: 9:00am - 1:00 pm (Including Chinese language, Still thoughts teaching, Humanity Courses and 20 cultural classes) Students under 6 will join Sing & Dance Class; student 6 or over may choose their own cultural classes. List of cultural classes will be announced before school opens and it will probably start at the 3<sup>rd</sup> week.

5. 本學年秋季班開學日期 1<sup>st</sup> Day of School:

開學日期: 09/07/2014 (星期日)

School Begins : September 07, 2014 (Sunday)

6. 其他:

如有任何疑問請洽詢人文學校以下行政人員:

註冊組: 張麗芬 516-433-0287

教務處: 陳欣蘭

631-839-6819



# 紐約州長島慈濟人文學校

## Tzu Chi Academy, Long Island, New York

2014-2015 學年度 學生報名表 / Student Registration Form

1. 中文 (Chinese): \_\_\_\_\_ 英文(English): \_\_\_\_\_  
原班別 Previous Class: \_\_\_\_\_ 現在就讀美國學校年級 School grade level (2013-14): \_\_\_\_\_
2. 出生日期 Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 性別 Sex: 男(Boy) 女(Girl)
3. 住址 Address: \_\_\_\_\_  
電話 Home Telephone: \_\_\_\_\_
4. 家長姓名 Name of Parents:  
Father: 中文 Chinese: \_\_\_\_\_ English: \_\_\_\_\_  
手機/Cell: \_\_\_\_\_ Text Message ☐ Y ☐ N  
Mother: 中文 Chinese: \_\_\_\_\_ English: \_\_\_\_\_  
手機/Cell: \_\_\_\_\_ Text Message ☐ Y ☐ N  
家長電子信箱 e-mail address of parents: \_\_\_\_\_

### 2014/2015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(Family Doctor) : \_\_\_\_\_ 電話(Tel) : \_\_\_\_\_
4. 過敏 Allergy: My child has allergies to the following foods.  
☐ Peanuts ☐ Tree nuts, of any kind ☐ Egg ☐ Milk ☐ Soy ☐ Wheat/Gluten ☐ Corn ☐ Fish/Shellfish ☐ Legumes  
☐ My child has no allergies to any foods.
5. 其他關注事項 Other Concerns: \_\_\_\_\_

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.



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Tzu Chi Academy, Long Island, New York

## 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 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/監護人簽名: \_\_\_\_\_ Date 日期 \_\_\_\_\_

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## PARENT/GUARDIAN MEDIA RELEASE AUTHORIZATION

Taiwan Buddhist Tzu Chi Foundation, U.S.A. requests permission to use of student's name, and 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 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.**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I hereby give my permission.

\_\_\_\_\_ (Signature) Date: \_\_\_\_\_

Name: \_\_\_\_\_ (Print) Relationship to Student: \_\_\_\_\_



# 紐約州長島慈濟人文學校

Tzu Chi Academy, Long Island, New York

紐約州長島慈濟人文學校註冊收據 (註冊組存根聯)

## Tzu Chi Academy, Long Island Registration Receipt (Copy for Registration Department)

學生姓名 Name of Student: \_\_\_\_\_ 班別/ Class: \_\_\_\_\_ (不必填 Official use only)

註冊費 Registration Fee: \$30.00 學雜費 Tuition Fee: \$470.00 (不可抵稅 Non-tax deductible)

支票號碼/現金 Cash / Check #: \_\_\_\_\_ 合計/ Total: \$: \_\_\_\_\_

家長簽名 / Parents Signature: \_\_\_\_\_ Date : \_\_\_\_\_

收款人 Receiver: \_\_\_\_\_

紐約州長島慈濟人文學校註冊收據 (財務組存根聯)

## Tzu Chi Academy, Long Island Registration Receipt (Copy for Accounting Department)

學生姓名 Name of Student: \_\_\_\_\_ 班別/ Class: : \_\_\_\_\_ (不必填 Official use only)

註冊費 General Expense: \$30.00 學雜費 Tuition Fee: \$470.00 (不可抵稅 Non-tax deductible)

支票號碼/現金 Cash / Check #: \_\_\_\_\_ 合計 / Total: \$: \_\_\_\_\_

收款人 Receiver: \_\_\_\_\_ (     /     /     )  
month     date     year

紐約州長島慈濟人文學校註冊收據 (學生收執聯)

## Tzu Chi Academy, Long Island Registration Receipt (Copy for Student)

學生姓名 Name of Student: \_\_\_\_\_ 班別/ Class: \_\_\_\_\_ (不必填 Official use only)

註冊名費 General Expense: \$30.00 學雜費 Tuition Fee: \$470.00 (不可抵稅 Non-tax deductible)

支票號碼/現金 Cash / Check #: \_\_\_\_\_ 合計/ Total: \$: \_\_\_\_\_

開學日期: 09/07/2014 (星期日)

School Begins : September 07, 2014 (Sunday)

收款人 Receiver: \_\_\_\_\_ (     /     /     )  
month     date     year



紐約州長島慈濟人文學校  
Tzu Chi Academy, Long Island, New York  
Volunteer Survey 志工調查表

1. 父母姓名 Parents:

父 Father 中文 (Chinese)

英文 (English)

母 Mother 中文 (Chinese)

英文 (English)

2. 孩子姓名與就讀班級 Child's name and Chinese class level:

中文 (Chinese)

英文 (English)

班級 (Chinese Level)

3. 您的住址與電話 Your address and telephone:

住址 Address:

電話 Telephone:

電子信箱 email: \_\_\_\_\_

4. 您能協助下列那一項工作 Please check the area(s) you can volunteer to help?

父 Father 母 Mother

人文學校愛心爸爸維持安全與秩序 Class father helping with safety and order

人文學校愛心媽媽生活輔導 Class mother helping with class activities and counseling

人文學校老師 Volunteer teacher

慈濟學校行政人員 Tzu-Chi school volunteer

其他特殊專長(other specialties) \_\_\_\_\_

\_\_\_\_\_ (請註明, please specified)



teacher