

拓思教育資源中心的中文及文化課程，分有普通話和廣東話兩組，學員多來自海外出生的華裔家庭和非華裔人士，學習級別由幼兒至成人。拓思課程使用主題教學，自製教材，小班授課，配合生活的情況和學習的發展，每學年教授大約二十個主題。此外，每年更新主題，提供有趣而有效的學習環境。

TOC education resources coordinates high quality resources for Chinese language education in which individual attention is the priority and cultural communication is the focus.

Services:

- Offer courses, programs and workshops
- Provide education consulting service
- Organize cultural events
- Promote publications

開拓人生,集思廣益

宗旨...

- 開拓教育資源
- 發展語言文化
- 促進文化交流
- 開創豐盛生活

服務...

- 策劃教育課程
- 提供諮詢服務
- 籌辦文化活動
- 推廣書刊教材

Saturday Chinese Program @ Stratford Hall School

Cantonese 廣東話 & Mandarin 普通話

Basics, Level 1 - 6

Regular classes at 10:00 am – 12 noon

One-on-one or Small Groups at 12:30 pm – 3:00 pm



拓思教育資源中心

TOC TOC Education Resources

Phone: 604-603-3008

www.toceducationresources.com

TOC education resources 拓思教育資源中心

Phone: (604) 603-3008

www.toceducationresources.com

Performance
Day on
June 16, 2012

* TOC Chinese Program @ Stratford Hall* (2011-2012)

拓思中文課程

Saturday Classes-Registration Form

Student: (Surname) _____ (Given Names) _____

Chinese Name (if any): _____

Grade _____ @ _____ School (2011-12)

Parent's Name: (Father) _____ (Mother) _____

Address: _____

Home Phone: _____ -- _____ E-mail Address: _____

Cell Phone: _____ -- _____ Cell Phone: _____ -- _____

Register for: (*Please make cheque payable to **TOC Education Resources**)

Pro-rated fee \$305 Feb-Jun 2012

Cantonese 廣東話 Saturday 10:00 am – 12:00 noon **\$530/school year**

() Basics () Level 1 () Level 2 () Level 3 () Level 4

Mandarin 普通話 Saturday 10:00 am – 12:00 noon **\$530/school year**

() Basics () Level 1 () Level 2 () Level 3 () Level 4 () Level 5 () Level 6

Mandarin 普通話 Saturday 12:45 pm – 2:45 pm **\$530/school year**

() Basics () Level 1 () Level 2

() One-on-One **\$300/10 x 1 hour sessions**

Cantonese / Mandarin Level: _____ Day: Sat afternoon Time: _____

() Small Group (2-3 students) **\$225 each student/10 x 1.25 hour sessions**

Cantonese / Mandarin Level: _____ Day: Sat afternoon Time: _____

Parent's Signature: _____ Date: _____

Known Allergies:

Learning Objectives:

For office use:

Payment: Cash\$ _____ Check\$ _____ Bank _____ Check# _____

Assessment: _____

Remarks: _____