

維多利亞幼兒園

Victoria Children's Group Inc.

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PRESCHOOL REGISTRATION 入學申請表 (2021 - 2022)

General Information

Child's Name 學生姓名: _____
Last First M.I. Chinese 中文名

Date of Birth 出生日期: _____ Place of Birth 出生地: _____ Sex 性別: _____

Address 住址: _____

Home No. 家庭電話: _____ E-Mail Address 電郵地址: _____

Language(s) Spoken 語言: _____ Pick up time 學校放學時間: _____

Which school are you currently attending? 小孩在那裡讀書? : _____

Optional Add On:

Option 1- 100% Remote Learning Session Option 2- Blended Learning Session

Parent/Guardian(s) Information

Mother's Name 母親姓名: _____ Cell No. 手機電話: _____

Company's Name 公司名稱: _____ Work Tel. No. 公司電話: _____

Father's Name 父親姓名: _____ Cell No. 手機電話: _____

Company's Name 公司名稱: _____ Work Tel. No. 公司電話: _____

Authorization for release

Only the following authorized individual(s), listed above, will be allowed to pick up your child from our school. 除以上所列出家長以外請列出可以接你孩子的人士。

Name 名稱 Relationship 關係 Home No. 家庭電話 Cellular No. 手機號碼

1. _____

2. _____

Emergency contact person other than parents

In the event of an emergency and parent/guardian is not available, please notify:
如果父母或監護人在緊急情況下無法使用，請通知：

Name 名稱 _____
Relationship 關係 _____
Telephone No. 電話 _____

Consent for emergency medical treatment

In the event your child is involved in an accident or medical emergency at school, do you give authority to Victoria Children's Group to send your child to the nearest hospital before you arrive? 如貴子弟發生意外，你允許本中心在你到達前送往最近的醫院或醫生嗎？

Yes 是 _____

No 否 _____ If not, what would you like the school to do? 如果你不想你希望學校做什麼？

I, _____ parent of _____ do hereby give authority to the provider and staff of Victoria Children's Group to obtain necessary emergency medical treatment for my child. Parent/guardians will be notified immediately.

我允許維多利亞幼兒園的老師在緊急情況下給我的孩子提供急救或用急救車把孩子送去醫院救治。

Medical Information

Physician's name 醫生姓名: _____ Phone 電話: _____

Food Allergies 過敏: _____ Special needs 特別需要: _____

Permission for field trips and pictures

I, _____ parent of _____ give permission to the provider and the staff of Victoria Children's Group to bring my child to any field trips.

我允許維多利亞幼兒園的老師帶我的孩子外游。

I, _____ parent of _____ give permission to the provider and the staff of Victoria Children's Group to use photos and/or recordings of my child for educational purpose. 我允許維多利亞幼兒園的老師使用我孩子的照片和錄像來做教育用途。

Signature of Parent/Guardian (家長簽名): _____

Relationship to the Child (與小孩的關係): _____

Date of Application (日期): _____