

# 維多利亞幼兒園

## Victoria Children's Group Inc.

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### **SCHOOL REGISTRATION FORM (2018-2019) 入學申請表**

#### **General Information**

Child's Name 學生姓名: \_\_\_\_\_  
Last 姓 First 名 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: \_\_\_\_\_ Date Beginning 何時開始: \_\_\_\_\_

Arrival time 上學時間: \_\_\_\_\_ Pick up time 放學時間: \_\_\_\_\_

How long are you staying? 小孩在本校讀多久? : \_\_\_\_\_

How did you hear about our school? 您從哪里聽到我們學校? : \_\_\_\_\_

#### **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) (over the age of 18), listed below, will be allowed to pick up your child from our school. 家長除外請列出可以接你孩子的人士(年紀 18 歲以上)。

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聯絡到，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?  
如小孩發生意外，你允許本校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? 如果你不允許你希望學校做什麼？

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最近的醫院或醫生救治。

**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):** \_\_\_\_\_

**For Staff Use**

**Child will be attending \_\_\_\_\_ days a week from \_\_\_\_\_, receive \_\_\_\_\_ meals a day.**