

# 維多利亞幼兒園

## Victoria Children's Group Inc.

230 Grand Street, 2<sup>nd</sup> Floor  
New York, NY 10013  
Tel: 212-625-9228  
Fax: 212-625-9008

323 Grand Street  
New York, NY 10002  
Tel: 212-625-1828  
Fax: 212-625-1898

E-Mail: [victoriachildrengroup@verizon.net](mailto:victoriachildrengroup@verizon.net) \* Website: [www.victoriachildrengroup.com](http://www.victoriachildrengroup.com)

### **SUMMER PROGRAM REGISTRATION FORM (2019) 暑期班申請**

#### **General Information**

Child's Name 學生姓名: \_\_\_\_\_  
Last First M.I. Chinese (If any) 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: \_\_\_\_\_

Did you attend our Summer Program before? YES NO  
你有參加過我們的暑期班嗎? 有 沒有

Do you need extended care? 8:30am Arrival YES NO 6:30pm Dismissal YES NO  
你需要延長課程嗎? 八點半提早上學 要 不要 晚上六點半放學 要 不要

How did you hear about our school? 你從哪兒聽到我們學校? : \_\_\_\_\_

#### **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), 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**

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 at 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 local 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):** \_\_\_\_\_