

# 吉隆坡台灣學校附設幼稚園新生報名表格

## CHINESE TAIPEI SCHOOL(KL) KINDERGARTEN REGISTRATION FORM

|   |                |   |  |                  |
|---|----------------|---|--|------------------|
| 学生姓名<br>STUDENT'S<br>NAME   | 中文 CHINESE     | 性别 GENDER   | <input type="checkbox"/> 男 MALE<br><input type="checkbox"/> 女 FEMALE |                  |
|   | 英文 ENGLISH     | 血型 BLOOD TYPE   |  |                  |
|   |                | My Card NO.   |  |                  |
|   |                | 国籍 NATIONALITY  |  |                  |
| 出生日期 D.O.B  | 年 YY 月 MM 日 DD | 出生地点 PLACE OF BIRTH:  |  |                  |
| 通讯地址<br>MAILING<br>ADDRESS  |                |   | 电话<br>HOME<br>TEL  |                  |
| <b>家长资料 PARENTS' INFORMATION</b>  |                |   |  |                  |
| Father's<br>Name(CN)  |                | Father's<br>Name(EG)  |  | 职业<br>Occupation |
| 手机号码<br>H/P   |                | 电子信箱<br>E-mail  |  |                  |
| Mother's<br>Name(CN)  |                | Mother's<br>Name(EG)  |  | 职业<br>Occupation |
| 手机号码<br>H/P   |                | 电子信箱<br>E-mail  |  |                  |
| 紧急联络人<br>Emergency Contact  |                |   |  |                  |
| 交通调查<br>TRANSPORTATION SURVEY   |                | <input type="checkbox"/> 自行接送 By own pick up<br><input type="checkbox"/> 其他 Other |  |                  |
| <b>幼儿个人健康纪录 STUDENT HEALTH RECORD</b>   |                |   |  |                  |
| 1. 幼儿曾患过下列各种疾病吗? DID YOUR CHILD HAVE ANY DISEASE AS BELOW?  |                |   |  |                  |
| <input type="checkbox"/> 1. 气喘 ASTHMA <input type="checkbox"/> 2. 小儿麻痹 INFANTILE PARALYSIS <input type="checkbox"/> 3. 过敏 ALLERGY                         |                |   |  |                  |
| <input type="checkbox"/> 4. 肺炎 PNEUMONIA <input type="checkbox"/> 5. 骨折 FRACTURE <input type="checkbox"/> 6. 水痘 CHICKEN POX                               |                |   |  |                  |
| <input type="checkbox"/> 7. 其他 OTHER  |                |   |  |                  |
| 2. 幼儿是否曾动过手术? DID YOUR CHILD HAVE AN OPERATION BEFORE? <input type="checkbox"/> 是 YES <input type="checkbox"/> 否 NO<br>若是, 请说明 IF YES, PLEASE STATE _____ |                |   |  |                  |

# 吉隆坡台灣學校附設幼稚園新生繳費明細表

## CHINESE TAIPEI SCHOOL(KL) KINDERGARTEN REGISTRATION FORM

|   |   |   |    |
|---|---|---|----|
| 1 | 注册费<br>Registration Fee                         | RM 200 (旧生免缴)<br><Only for New Enrolment Student>   | RM |
| 2 | 文具教材课本餐点<br>杂项等费用<br>Material Fee               | <input type="checkbox"/> 半日 Half Day RM600 — 1/2 yearly<br><input type="checkbox"/> 全日/安亲 Full Day/Day Care RM1200 — 1/2 yearly<br><includes worksheets for all subjects, lunch, books, stationaries etc> | RM |
| 3 | 保险费 Insurance                                   | RM30 — 1 年 <1 year >  | RM |
| 4 | 4-6 岁班学费<br>Year 4-6<br>School Fee<br>(Monthly) | RM 550 — 半天制 Half-day(8am-12pm)   | RM |
|   |   | RM 800 — 全天制 Full-day(8am-4pm)  | RM |
|   |   | RM 1000 — 全天+安亲 Full-day+Day Care(8am-6pm)  | RM |
| 5 | 预缴学费<br>Advance School Fee                      | <input type="checkbox"/> 11 月(November) <input type="checkbox"/> 12 月(December)<br><6 月缴> payable in June      <入学缴>payable upon registration   | RM |
| 6 | 制服 Uniform                                      | RM 50/1 套 <per suit>  | RM |
| 7 | 运动服 Sports Wear                                 | RM 25/1 件 <per pc>  | RM |
| 8 | 总额 Total amount                                 | Cash / Cheque   | RM |

### 備註 P/S:

1. 随报名表请附上护照影印本/出生证明影印本  
Apply a copy of passport/ birth certificate, together with the registration form.
2. 若以支票支付, 抬头请写「Chinese Taipei School (KL)」  
Cheque should be made payable to Chinese Taipei School (KL)
3. 一切收费, 概不退还。All fees are not refundable.
4. 表格里各项填写详细正确, 若有不符, 本校不负任何责任。(若有异动请速与校方联络)  
Please fill the form precisely and correctly, if there is any mismatch, our school will take no responsibility. (If there's any changes, please contact us immediately)

|  |   |
|--|---|
| <h3 style="margin: 0;">本栏校方记录</h3>   | <h3 style="margin: 0;">幼稚园盖章</h3>                                       |
| 入学日期: _____ 年 _____ 月 _____ 日      素食: <input type="checkbox"/> 是 <input type="checkbox"/> 否 | <div style="border: 1px solid black; width: 100%; height: 100%;"></div> |
| 收据号码: _____  |   |
| 编班: 幼稚园 <input type="checkbox"/> 小班 <input type="checkbox"/> 中班 <input type="checkbox"/> 大班  |   |