



佛光山西澳道場兒童佛學班

FO GUANG SHAN BUDDHIST TEMPLE WA

Children's Buddhism Class

- 宗旨 Objectives:** 從幼兒時期培養孩子的好品德、因果觀念，讓孩子在快樂的環境下學習做好事、說好話、存好心。
To develop good virtues and right perspectives, providing children with a happy environment to learn to do good deeds, say good words and think good thoughts.
- 上課時間 Times:** 10:30am – 12.30pm
Term 1: 07/02/21-28/03/21 Term 3: 25/07/21-19/09/21
Term 2: 25/04/21-27/06/21 Term 4: 17/10/21-12/12/21
- 課程內容 Curriculum:** 佛學常識、學佛行儀、佛教故事、佛光菜根譚、團康遊戲、生活美學等課程
Buddhist General, Buddhist Etiquette, stories, Fo Guang Quotes of Wisdom, group games, developing talent in the arts.
- 年齡 Age:** 3 - 12 歲 year-old (5 歲以下兒童需要通過面試報名)
For children under 5 year-old, a parent interview is required.
- 每學期費用 Fees per term:** \$40/人, \$60/2 人, 第 3 個孩子免費。佛光會員 10% 優惠。
\$40/child, \$60/2 children, free for 3rd child. 10% discount for children of BLIAWA members.
- 地點 Venue:** 280 Guildford Road, Maylands WA 6051
- 電話 Telephone:** 08-9371 0048

《 兒童佛學班報名表 》 Children's Buddhism Class Registration Form

小孩姓名 Child's Name	(1)	(2)
出生年月日 & 年齡 D.O.B & Age:		
首選語言 Preferred Language	<input type="checkbox"/> 中文 Mandarin <input type="checkbox"/> 英文 English	
家長/監護人姓名 Parent's / Guardian's Name	<input type="checkbox"/> 父親 Father <input type="checkbox"/> 母親 Mother <input type="checkbox"/> 監護人 Guardian	
電話號碼/電郵 Phone/Email		
地址 Address		
緊急聯絡資料 Emergency Contact	聯絡人姓名/Name:	聯絡號碼 Contact No. & 關係 Relationship
備注 Remarks :	*若小孩有任何敏感的問題，請在此註明 Please indicate if your child have any allergies 。	

會員子女 Member of BLIA: 是 YES / 否 NO

如何得知佛學班訊息 How did you find out about our class?

CONSENT FORM 同意函

I, _____ (Father/Mother/ Guardian) of _____ hereby give consent for him/her to participate in the Buddhism' Children Class (280, Guildford Road, Maylands, WA 6051) and hereby **agree /disagree to post relevant photos to the social media.

我 _____ (父親/母親/監護人) 同意讓 _____ 參與在佛光山西澳道場 (280, Guildford Road, Maylands, WA 6051) 所舉辦的佛光兒童佛學班并特此*同意/不同意 將相關照片發布到社交媒體。

簽名 Signature: _____ 日期 Date : _____

For Internal/Office Use Only 仅供内部/办公室使用	受理人 Handle by: _____	收費 Fees: _____	日期 Date: _____
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