



**A ZON 生命教育学苑**  
**A ZON EDUCARE ADVISORY**  
 亲子咨询报名表格

**PARENTING CONSULTATION REGISTRATION FORM**

**家长资料 (Parent's Details)**

家长姓名 Name of Parent	中 Chinese:	英 English:
身份证号码 IC No:	年龄 Age:	性别 Gender:
职业 Occupation:	电邮 E-mail:	
联络地址 Mailing Address:		
联络号码 Contact No.	住家 House:	手机 Mobile:
介绍人 Introduced By	姓名 Name:	

**接受咨询孩子资料 (Details of Child Who Receives Consultation)**

姓名 Name	中 Chinese:	英 English:
报生纸/身份证号码 Birth Certificate /IC No. :	生日日期 Date of Birth:	
年龄 Age:	性别 Gender: 男 Male <input type="checkbox"/> 女 Female <input type="checkbox"/>	
学校/幼儿园 School/Kindergarten:	孩子排行 Birth Order Among Siblings:	
优点/擅长 Strength:	缺点 Weakness:	

**健康状况 Health Condition**

如有疾患请注明, 请自备药物 If there's any allergy or disease, please prepare own medicine:

**其他孩子资料 (Details of other children in the family)**

No.	孩子姓名 Child's name	年龄 Age	性别 Gender	家中排行 Birth Order	优点 Strength	缺点 Weakness	爱好 Hobby
1	(中)						
	(英 Eng)						
2	(中)						
	(英 Eng)						
3	(中)						
	(英 Eng)						
4	(中)						
	(英 Eng)						



## 付款方法 Payment Methods:

1. 现金付款。  
Cash payment.
2. 支票或邮政汇票抬头请注明: **A Zon Educare Advisory**, 然后寄来本中心。  
For payment by cheque, please state: **A Zon Educare Advisory** and send to our company.  
  
**No. 40-1A, 40-1B & 40-2A, Jalan Puteri 1/2 , Bandar Puteri  
47100 Puchong, Selangor Darul Ehsan**
3. 现金汇款或网上付账请汇入 **Maybank A/C No: 564119413010**, 并将收据传真或邮寄至本中心。  
For bank transaction or online payment, please pay to **Maybank A/C No.: 564119413010**. Please fax or post the bank slip to our company.

**Tel (h/p): 019- 297 1431/ 011- 1431 0558 (Office): 03- 8063 8605**  
**Fax: 03- 8063 8425**  
**Email: info@azon.my**  
**Website: www.azon.my**

### 内部使用 For office use only

#### 收费Fee:

现金Cash RM	_____	信用卡Credit Card RM	_____
		Approval Code:	_____
支票Cheque RM	_____	支票号码Cheque No.	_____
收据号码Receipt No:	_____		
经手人Received by:	_____	日期Date:	_____

### 亲子咨询同意书

#### Parenting Consultation Consent Form

请仔细阅读以下条规:

1. 我在此答应: 在咨询期间, 若 A Zon 生命教育学苑 (下称“苑方”) 要求我方出示任何医疗文件, 我方将咨询专业医疗团队的意见, 并获取相关文件与苑方配合。  
I hereby declare if advised prior to any session with A Zon Educare Advisory to seek medical approval, I have consulted with my General Practitioner or Hospital Consultant and gained the appropriate medical approval for working with A Zon Educare Advisory.
2. 我明白及了解: 苑方将会在能力范围内保持接收咨询者或家庭资料的保密性。当苑方有理由相信保密该接收咨询者资料将会对任何一方构成危险, 苑方有权透露该接收咨询者资料于相关政府/非政府组织。  
I understand confidentiality is paramount and will be maintained in all but the most exceptional circumstances. I agree that these can include where there is good cause to believe that not disclosing would cause danger of serious harm to others. Most standards of confidentiality applied in professional contexts are based on the Common Law concept of confidentiality where the duty to be discreet is measured against the concept of "greater good".
3. 我在此答应: 我方所提供的资料全属事实, 以协助咨询师更有效地处理个案。若因我方所提供的资料有误而影响咨询效果或对接收咨询者造成伤害, 我方将不会向苑方追究任何责任。  
I hereby declare that all information furnished above is true to the best of my knowledge and belief in order to assist consultant in managing the case. I understand that any false or inaccurate information and withholding of information might affect the result of the consultation, and I would not take any actions against A Zon.
4. 我明白及了解: 苑方咨询师就个别个案所提供的专业意见或建议有效期限为六个月。在六个月后, 若苑方所提供的意见已不适用或者个案有所进展, 我方将依照苑方指示, 再进行一次的咨询以达至更好的咨询效果。



I understand that the recommendations or suggestions provided by the consultant are valid for 6 months only. After 6 months, shall the recommendations be no longer applicable or the case shows improvement, I respect A Zon's recommendation of follow-up consultation.

5. 我明白及了解：我方有权利寻求第二意见，即其他亲子、心理、或医疗咨询。但是，若我方已选择参与苑方的任何课程（尤其是儿童学习疗育课程），我方将以苑方之意见为优先。

I understand that I have the right to seek for second opinion from other parenting, psychological or medical professions. However, if I have decided to enroll any programs offered by A Zon (especially the Child Learning Support and Enhancement System), A Zon's recommendations are my priority.

我拥有足够时间阅读以上条规，并完全了解该条规所述事项。我已提问、并清楚所有疑惑。在此，我，  
\_\_\_\_\_，同意接受亲子咨询。

I have read the statement above, had sufficient time to be sure that I have considered it carefully, asked any questions that I needed to, and understand it. I, \_\_\_\_\_, hereby consent to the participation of parenting consultation.

签名 Signature:

日期 Date:

姓名 Name:

身份证号码 IC No: