



NO SCHOOL DAY PROGRAM FORM

GOODTIME CHINESE SCHOOL

好时光中文学校登记表

Child's Name _____ Gender: M F Date of Birth ____/____/____

Parent / Guardian 1 Name _____

H. Phone _____ M. Phone _____ O. Phone _____

Address _____

City _____ State ____ Zip _____

E-mail address _____

Parent / Guardian 2 Name _____

H. Phone _____ M. Phone _____ O. Phone _____

Address _____

City _____ State ____ Zip _____

Insurance company _____

Allergies / Special needs _____

Current Medications _____

I grant permission to the director, assistants or other persons responsible for his/her care to act on my behalf for said minor in granting permission for evaluation of medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such treatment as deemed necessary (including surgery, x-ray examination and anesthesia to be rendered to said minor by a licensed physician and nurse).

I grant permission that my child may be taken on field trips or excursions by Goodtime Chinese School buses or private motor vehicles, as well as on neighborhood walking excursions under required supervision.

I, (Print name) _____ declare that I am the Legal Guardian of the above named minor.

Signature of Parent / Guardian _____ Date _____