



**WEEKEND CHINESE PROGRAM**

**REGISTRATION FORM**

**GOODTIME CHINESE SCHOOL**

**好时光中文学校周末中文班学生登记表**

15285 NW CENTRAL DR SUITE 201, PORTLAND OR 97229

www.goodtimechineseschool.org

(503)6165585

Student's Name	(English)	(Chinese)		
Birthday & Gender	(mm)	(dd)	(yy), <input type="checkbox"/> M <input type="checkbox"/> F	
Regular school			Grade	
Father's Name				
Father's Phone No.	(Home)	(Mobile)		
Mother's Name				
Mother's Phone No.	(Home)	(Mobile)		
Primary email box				
Address	_____			
	Street	city	state	zipcode

*I verify that above information is true and correct. My child has my permissions to attend Goodtime Chinese School. I hereby release Goodtime Chinese School and/or agents from any liability resulting from participation in any school activities.*

**Parent / Guardian Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

<b>Office Use Only</b>
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