



REGISTRATION FORM FOR SUMMER CAMP 2020

GOODTIME CHINESE SCHOOL

好时光中文学校 2020 年夏令营登记表

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 _____

E-mail address _____

List of other adults allowed to pick-up or drop-off your child

Name _____ Phone No. _____

Name _____ Phone No. _____

Name _____ Phone No. _____

Insurance company _____

Allergies / Special needs _____

Current Medications _____

Please check the days your kids will take:

Week	Date	Mon	Tue	Wed	Thu	Fri	Week	Date	Mon	Tue	Wed	Thu	Fri
1 st Week	6/15-6/19						7 th Week	7/27-7/31					
2 nd Week	6/22-6/26						8 th Week	8/3-8/7					
3 rd Week	6/29-7/3						9 th Week	8/10-8/14					
4 th Week	7/6-7/10						10 th Week	8/17-8/21					
5 th Week	7/13-7/17						11 th Week	8/24-8/28					
6 th Week	7/20-7/24												

❖ **8/31-9/4 is teacher training week, No Students.**

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 also grant permission for Goodtime Chinese School to use photos of my child taken during the weeks of summer camp.

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

Signature of Parent / Guardian _____ Date _____

Note:

*Please make a check of \$100 deposit payable to: **Goodtime Chinese School** . Please mail both the check and this Registration form to, or walk into Goodtime Chinese School, located at **15285 NW Central Dr Suite 201, Portland, OR 97229**. Tuition is due on **June 1st**. Contact us by call at (503) 277-3899 , (503)616-5585, or send email to goodtimechinese@gmail.com*

Office Use Only
