



# BILINGUAL PRESCHOOL REGISTRATION FORM

(2020-2021)

## GOODTIME CHINESE SCHOOL

### 好时光中文学校双语幼儿班学生登记表

15285 NW Central Dr. Suite 201 Portland OR 97229

[www.goodtimechineseschool.org](http://www.goodtimechineseschool.org)

(503)6165585

Student's Name	(English)	(Chinese)		
Preferred Name				
Birthday & Gender	(mm)	(dd)	(yy), <input type="checkbox"/> M	<input type="checkbox"/> F
FAMILY INFORMATION				
Father's Name				
Father's Phone No.	(Home)	(Mobile)		
Primary Email Add.				
Home Add.	_____			
	Street	city	state	zipcode
Employer Name & Add.				
Mother's Name				
Mother's Phone No.	(Home)	(Mobile)		
Primary Email Add.				
Home Add.	_____			
	Street	city	state	zipcode
Employer Name & Add.				

Siblings	(Name)	(Age)	(Gender)	(School)
	(Name)	(Age)	(Gender)	(School)
	(Name)	(Age)	(Gender)	(School)

**Required Emergency Contact Information - person other than parent or guardian**

Name (first, last)	Phone	Relationship
Name (first, last)	Phone	Relationship

**Medical / Dental Contact Information**

**Insurance Provider and Policy Information (if applicable)**

Primary Physician Name	Phone
Dental Provider (if child is school-age. If none, list dental provider for child care facility)	Phone

**In an emergency, the child care facility has my permission to call an ambulance, or take my child to any available physical or hospital at my expense to obtain medical treatment. In most emergencies, 911 is call and the child is transported to the nearest hospital and by the on-call physician. The parent or guardian of the child is notified as soon as possible.**

**Students are enrolled for the entire year. Should you choose to withdraw your child from Goodtime Chinese School, you must notify the Director in writing one month prior to the last day of attendance. Failure to do so will result in payment of a full month's tuition after your child leaves.**

**Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**School Office Use Only**