

BILINGUAL ELEMENTARY SCHOOL REGISTRATION FORM (2020-2021)

GOODTIME CHINESE SCHOOL

15285 NW Central Dr. Suite 201 Portland OR 97229 www.goodtimechineseschool.org (503)6165585

STUDENT INFORMATION						
Student's Name	(English)	(Chinese)				
Enrollment Grade		Preferred Name				
Birthday & Gender						
Doctor Name \$ Phone						
Insurance Company #1 & Phone						
Insurance Company #2 & Phone						
Emergency Contact person & Phone						
FAMILY INFORMATION						
Father's Name				Father's Phone		
Email Address						
Home Address						
Mother's Name				Mother's Phone		
Email Address						
Home Address						
Siblings	Name		Age		Gender	
	Name		Age		Gender	
	Name		Age		Gender	
EDUCATION INFORMATION						
1. Which grade did your child even attend? P K 1 st G 2 nd G 3 rd G						
Name of the school he/she has ever attended:						

How do you feel about your child's learning experience he/she has ever had?						

2. What are your child's strengths a/o interests?						

3. Does your child have any medical condition that may impact school performance?						

4. Please describe your child's personality:						

5. What concern, if any, do you have about your child starting upcoming grade?						

6. What additional information would you like the current teacher or other school staff to know?						

7. How do you hear of Goodtime Chinese School?						

Emergency Notice

In an emergency, Goodtime Chinese School 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.

Parents / Guardian Signature: _____

Date: / /

Student Photo Release Form

Goodtime Chinese School has my permission to use my or my child's photograph public to promote the School. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parents / Guardian Signature: _____

Date: / /

Payment Agreement

TUITION:

The total cost for the program:

Tuition: \$10,098.00/year

Registration Fee : \$300.00

Books/Supplies: Free

TUITION PAYMENTS:

1. The registration fee of \$300 will not be refunded once the parents or guardians sign the registration form.

2. Payment Plans:

Plan A Full payment by 8/1/2020, the tuition will be \$9593.00 (5% discount)

Plan B Installment:

1st payment, \$5049.00, by 8/1/2020

2nd payment, \$2524.50, by 12/15/2020

3rd payment, \$2524.50 by 2/15/2021

3. All the plans are available to all students

WITHDRAWAL AND REFUND POLICY:

1. Parents or guardians choosing to withdraw from the school is to provide written notice to the Director of the school. The notice is to indicate the expected last date of attendance.

2. Tuition refunds:

A. If withdrawing before December 15th 2020, \$5049.00 is refunded.

B. If withdrawing before February 15th 2021, \$2524.50 is refunded.

Refunds will be issued within 30 days of the date of notification.

CONTRACT ACCEPTANCE:

I, as parent/guardian of _____ (student's name), have read and understand this agreement and acknowledge receipt of a copy. .

Accepted:

Parent/Guardian: _____

Goodtime Chinese School

Name (printed) _____

By: _____

Signature: _____

Date: _____

Date: _____

School use only