

WINTER CAMP REGISTRATION 2021

GOODTIME CHINESE SCHOOL

好时光中文学校冬令营登记表

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 kid will attend.

Date	Mon	Tue	Wed	Thu	Fri
12/20-12/24					Closed
12/27-12/31					Closed

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 winter camp.

\$55 per day, full payment is due on registration, no registration fee. There is 10% discount for our current Students.

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

Signature of Parent / Guardian _____ Date _____

Office Use Only