



DAY CAMP REGISTRATION
GOODTIME CHINESE SCHOOL
好时光中文学校

Child's Name _____ Gender: M F Date of Birth ___/___/___

Parent / Guardian 1 Name _____

H. Phone _____ M. Phone _____ O. Phone _____

Address _____

E-mail address _____

Parent / Guardian 2 Name _____

H. Phone _____ M. Phone _____ O. Phone _____

Address _____

E-mail address _____

Insurance company _____

Allergies / Special needs _____

I grant permission that my child may be taken on field trips by Goodtime Chinese School buses, as well as on neighborhood walking excursions under required supervision.

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.

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

Signature of Parent / Guardian _____ Date _____