

GOODTIME CHINESE SCHOOL

BILINGUAL PRESCHOOL REGISTRASTION FORM

(2022-2023)

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 (971)500-8765 (503) 616-5585

Student's Name	(English)	(Ch	inese)				
Preferred Name							
Birthday & Gender	(mm)	(dd)	(yy), [] M	□ F			
FAMILY INFORMATIOIN							
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.							

	(Name)	(Age)	(Gender)	(School)				
Siblings	(Name)	(Age)	(Gender)	(School)				
	(Name)	(Age)	(Gender)	(School)				
-	d previously been in child	•	□Yes □No					
if yes, the school's name and for how long? Required Emergency Contact Information - person other than parent or guardian								
				ardian	Dalatianahin			
Name (first, la	ist)	ľ	Phone		Relationship			
Name (first, last)		I	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				
 School Photo Release During the school year, we take photographs of school activities involving students to share the school's positive vibe and updates. Your child or family may be shown in some of the photos, directly or indirectly. These photos may be published through our website, social media pages, news bulletins, billboards, and ads. You also understand that no royalty fee or other compensation shall become payable to GTCS by reason of such use. With this, we seek your consent in allowing us to publish photos that may involve your child and your family on the said platforms. Photo Release Consent:								
Parent / Guardian Signature:				Date:				
School Office	Use Uniy							