

GOODTIME CHINESE SCHOOL

BILINGUAL PRESCHOOL REGISTRASTION FORM

(2024-2025)

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

		(0)						
Student's Name	(English)	(Chine	ese)					
Preferred Name								
Birthday & Gender	(mm)	(dd)	(уу), 🗌 М	□ F				
FAMILY INFORMATIOIN								
Father's Name								
Father's Phone No.	(Home)	(Mobile)						
Primary Email Add.								
Home Add.	Street	city		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)					
Has your child previously been in childcare or preschool? □Yes □No if yes, the school's name and for how long?									
Required Em	ergency Contact Inform	nation - person oth	er than parent or gua	rdian					
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				
 \$100 registration fee and \$1300 deposit need to be paid on registration. Students are enrolled for the entire school year (September to the following June). 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. The deposit will not be refunded if the student will withdraw before the end of the school year. Tuition payment does not vary regardless of illness, vacation, school closures for holidays, or inclement weather during the school year. School Photo Release: during the school year, we take photographs of school activities. These photos may be published through our website, yearbook and school flyers. I here by allow the reproduction and publication of my child's photograph(s) 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. I have received and read the GTCS preschool Parent Handbook, and agree to adhere to all school policies. 									
Parent / Go	uardian Signature: _				Date:				