



After-School Registration Form 24-25

Student's Name _____ Nickname /Chinese name _____

Birthday _____ Gender M F

Regular School _____ Grade _____

ALLERGY ALERT: Does child have allergies? YES NO If yes, list all allergies on back side of form

Parent or Guardian Contact Information

Name (first, last)		Relationship	
Street Address		City	Zip
Email	Cell phone	Work phone	

Name (first, last)		Relationship	
Street Address		City	Zip
Email	Cell phone	Work phone	

Required Emergency Contact Information - person other than parent or guardian that is authorized to pick up child

Name (first, last)	Phone	Relationship
Name (first, last)	Phone	Relationship

Non-Emergency Contact Information - person other than parent or guardian that is authorized to pick up child

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

Parent or Guardian Authorization

Please list any restrictions to permission of the following:

- My child may be taken on field trips or excursions by bus or private motor vehicles, as well as on neighborhood
- My child may participate in swimming or other water activities under required supervision (CCD requires approved lifeguard).
- My child may be photographed for publicity or news purposes on-site off-site
- My child may be given non-prescribed medicine as indicated on the container. This may include sunscreen, children's pain reliever, antibacterial first aid cream, and diapering ointment. Syrup of ipecac may be administered if deemed necessary by the poison control operator. The child's parent or guardian will be contacted prior to administering non-prescription pain relievers. Prescription medication must be cured and a permission slip required per each medication.

Parent/Guardian Signature _____ **Date** _____

Child Information

Has your child previously been in child care or other Chinese school?

If yes, what type of care or school, and for how long? _____

Child Medical Information

Does your child have allergies?

Yes No

Has your child had chickenpox?

Yes No

List all allergies or other health problems, including instructions for providing best possible care in regards to stated conditions. Do any of the medical conditions restrict the child's activities?

Special Transportation Arrangements

CCD requires a written plan of the transportation arrangements between Goodtime Chinese School and the parents or guardian of the child for extracurricular activities. The following indicates Goodtime Chinese School transportation plan:

_____ (child's name) attends Goodtime Chinese School. He/She will be transported/escorted between Goodtime Chinese School and the school by (check applicable type): school bus, Goodtime Chinese School Shuttle, GTCS shuttle driver will arrive/depart unescorted with my permission. If my child is not at the designated pickup site, or does not arrive as planned, please contact (check applicable type): parent or guardian, or _____ (school's name), in order to confirm the child's whereabouts, as well as devise a plan as needed to locate the child. My child also has permission to (specify: work with teacher after school, attend an extracurricular class or meeting, depart for home at specific time, etc.).

- **\$50 registration fee and \$400 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.**
- **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 After-school Parent Handbook, and agree to adhere to all school policies.**

Parent/Guardian Signature _____

Date _____

Office Use Only