



**GOODTIME CHINESE SCHOOL**  
**BILINGUAL PRESCHOOL REGISTRASTION FORM**  
*(2025-2026)*

**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	<b>(English)</b>	<b>(Chinese)</b>		
Preferred Name				
Birthday & Gender	(mm)	(dd)	(yy),	<input type="checkbox"/> M <input type="checkbox"/> F
<b>FAMILY INFORMATION</b>				
Father's Name				
Father's Phone No.	<b>(Home)</b>	<b>(Mobile)</b>		
Primary Email Add.				
Home Add.	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Street</span> <span>city</span> <span>state</span> <span>zipcode</span> </div>			
Employer Name & Add.				
Mother's Name				
Mother's Phone No.	<b>(Home)</b>	<b>(Mobile)</b>		
Primary Email Add.				
Home Add.	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Street</span> <span>city</span> <span>state</span> <span>zipcode</span> </div>			
Employer Name & Add.				

<b>Siblings</b>	(Name)	(Age)	(Gender)	(School)
	(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 Emergency Contact Information - person other than parent or guardian**

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 / Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

School Office Use Only