



DAY CAMP REGISTRATION
GOODTIME CHINESE SCHOOL

好时光中文学校

15285 NW Central Dr. Suite 201 Portland OR 97229 www.goodtimechineseschool.org (503)6165585

Child's Name _____ **Gender:** M F

Date of Birth _____ **Grades:** _____

Parent / Guardian 1 Name _____

Email address _____

M.Phone _____ O. Phone _____

Address _____
Street city state zipcode

Parent / Guardian 2 Name _____

Email address _____

M.Phone _____ O. Phone _____

Address _____
Street city state zipcode

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 called 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.
- ◆ Goodtime Chinese School has my permission to use mine or my child's photograph publicly to promote the School. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.
- ◆ Tuition payment does not vary regardless of illness, vacation, school closures for holidays, or inclement weather during the day camp.

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

Signature of Parent / Guardian _____ **Date** _____