



# GOODTIME CHINESE SCHOOL SUMMER CAMP REGISTRATION

## 好时光中文学校夏令营登记表

15285 NW Central Dr. Suite 201 Portland OR 97229 503-277-3899 / 971-500-8765

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Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grades for the upcoming new school year: \_\_\_\_\_

### Parent / Guardian 1

Name \_\_\_\_\_ M.Phone \_\_\_\_\_ O. Phone \_\_\_\_\_

Email address \_\_\_\_\_

Address \_\_\_\_\_  
Street city state zipcode

### Parent / Guardian 2

Name \_\_\_\_\_ M.Phone \_\_\_\_\_ O. Phone \_\_\_\_\_

Email address \_\_\_\_\_

Address \_\_\_\_\_  
Street city state zipcode

### List of other adults allowed to pick-up or drop-off your child

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance company \_\_\_\_\_

Allergies / Special needs \_\_\_\_\_

Current Medications \_\_\_\_\_

**Please check the weeks your kid will attend.**

Week	Date		Week	Date	
1 <sup>st</sup> Week	6/16-6/20	<input type="checkbox"/>	6 <sup>th</sup> Week	7/21-7/25	<input type="checkbox"/>
2 <sup>nd</sup> Week	6/23-6/27	<input type="checkbox"/>	7 <sup>th</sup> Week	7/28-8/1	<input type="checkbox"/>
3 <sup>rd</sup> Week	6/30-7/3	<input type="checkbox"/>	8 <sup>th</sup> Week	8/4-8/8	<input type="checkbox"/>
4 <sup>th</sup> Week	7/7-7/11	<input type="checkbox"/>	9 <sup>th</sup> Week	8/11-8/15	<input type="checkbox"/>
5 <sup>th</sup> Week	7/14-7/18	<input type="checkbox"/>	10 <sup>th</sup> Week	8/18-8/22	<input type="checkbox"/>

**Full payment is due on registration, no registration fee.**

Tuition payment does not vary regardless of illness, vacation, school closures for holidays, or inclement weather during the summer camp.

- *I grant permission to the director, assistants or other persons responsible for his/her care to act on my behalf for said minor in granting permission for evaluation of medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such treatment as deemed necessary (including surgery, x-ray examination and anesthesia to be rendered to said minor by a licensed physician and nurse).*
- *I grant permission that my child may be taken on field trips or excursions by Goodtime Chinese School buses or private motor vehicles, as well as on neighborhood walking excursions under required supervision.*
- *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.*

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

**Signature of Parent / Guardian \_\_\_\_\_ Date\_\_\_\_\_**

**Office Use Only**