

**Oregon Hope Chinese School Preschool  
Waiting list Application Form**

**School Year applying:** 20\_\_\_\_\_----20\_\_\_\_\_ **Program applying:**  2.5's 5day  2.5's 3day  2.5's 2day

*(First priority will be given to students who enroll in 5-day classes.)*

**Class hour applying:**  AM8:30-11:30  PM 1:00-4:00

**Student information**

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_  
Child's name first middle last name Child is to be called Birth date and sex

4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_  
Home phone number Home address City/state/zip code

7) Please circle with whom the child resides: Parents Father Stepfather Mother Stepmother Guardian

**Parents or guardians information**

8) \_\_\_\_\_  
Relationship Name Home phone Cell phone

\_\_\_\_\_  
Employer Occupation Work phone

9) \_\_\_\_\_  
Relationship Name Home phone Cell phone

10) \_\_\_\_\_  
Employer Occupation Work phone

14) \_\_\_\_\_  
E-mail address You may be contacted through e-mail for information and our future events.

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**Please provide the following information:**

How do you hear about our preschool?

\_\_\_\_\_  
Why are you interested in our preschool?

\_\_\_\_\_  
Do you have any Chinese heritage or connection? Please explain:

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I have enclosed **\$100 (non-refundable)** application fee payable to OHCS with this form

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please return this form along with your \$100 non-refundable Registration fee to school mailing address:

Oregon Hope Chinese School  
4010 NW Kaiser Rd  
Portland, OR 97229

Your spot in the class **will not** be held until the \$100 non-refundable registration fee is received

For office use only: No. _____	Date received ____/____/____
with payment of \$ _____ by _____	Check # _____