



## Oregon Hope Chinese School Waiting list Application Form

School Year applying: 20\_\_\_\_\_----20\_\_\_\_\_ Program applying:  2.5's 5day  3's 5day  4's 5day

Class hour applying:  AM8:30-12:30  8:30AM-3:00PM  8:30AM-5:30PM

### 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.

### Please provide the following information:

How do you hear about our preschool?

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

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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 # _____