

Oregon Hope Chinese School 2024 Summer Camp Registration Form

Week 1&2: June 17 – June 28	Chinese painting & calligraphy 国画&书法
Week 3&4: July 8 – July 19	Dinosaurs 恐龙
Week 5&6: July 22- Aug.2	Chinese legend-Mulan 花木兰
Week 7&8: Aug.5 -Aug.16	Travelers in China 中国城市和名胜古迹
Week 9&10: Aug.19 –Aug.30	Nature explorer 探索大自然

No camp July 1-July 5 (July 4th break)

Half-day camp: (8:00am--12:30pm) \$230/\$220(more than 5 weeks) X ___ # of weeks= \$ _____

Full-day camp: (8:00 am--3:00 pm) \$280/\$250(more than 5 weeks) X ___ # of weeks= \$ _____

After-camp care: (3:00pm-5:30pm) \$100/\$80(more than 5 weeks) X ___ # of weeks= \$ _____

Total Summer camp Payment Due: \$ _____

Student information

1) _____ 2) _____
 Child's name first middle last name Child is to be called Chinese name if any

3) _____ / _____ / _____ M F 4) _____
 Birth date sex Home phone number

5) _____ 6) _____
 Home address city/state/zip code

7) Does your child already speak and understand Chinese Mandarin? Yes No

Parents or guardians information

8) _____
 Relationship Name Home phone Cell phone

 Employer Occupation Work phone

9) _____
 Relationship Name Home phone Cell phone

 Employer Occupation Work phone

10) _____
 E-mail address (You will be contacted through e-mail for information.)

11) _____
 Authorized person(s) to pick up beside parent/guardian (1) relationship phone

Authorized person(s) to pick up beside parent/guardian (2) relationship _____ phone _____

Medical Information

Does your child have any allergies or health problems that might require special planning or consideration for your child's participation in regular school activities? Yes No if yes, please describe:

12) _____

Emergency Contacts: (to be used only if parents cannot be reached.)

13) _____
Relationship name

14) _____
Address Phone

15) _____
Pediatrician's name contact information

- I give my permission for medical assistance to be administered to my child whenever such care is needed. (i.e., First-Aid cream for bruises and/or scrapes, bandages, etc. Otherwise, you and/or your child's pediatrician will be called.)

16) _____ 17) ____/____/_____
Parent or guardian's signature Date

To reserve a space for your child in the Summer Camp, please submit the registration form and tuition by **Mar. 22th, 2024.**

I understand my child's spot in the class **will not** be held until the tuition is received in full.

Please return this registration form along with your tuition to the school or mail it to:

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

For office use only: No. _____ Date received ____/____/_____
paid by _____