

OHCS Mandarin Kids Program Registration Form

	se select age group se select the progra	b: Preschool (2.5 -4) [am:	☐ Pre-K(4-5)□	K(5-6)						
	(Half day option is for students who are younger than 3)									
	Program	5 half days	5 full days	After School						
		· · · · · · · · · · · · · · · · · · ·	(8:30AM to 3:00PM)	(3:00PM to 5:30PM)						
	Yearly Tuition	,	\$9299 (or \$989/month							
		for 10 months)	for 10 months)	for 10 months)						
Paym	• •			this registration form, then Apr.□						
Stude	ent Information:			•						
1) Ch										
	First	Midd	le Last							
2) Na	me child is to be ca	lled:	Chinese name (if an	y):						
3) Birth date:// Sex: D M D F 4) Phone Number:										
5) Ho	me Address:									
6) Cit	y/State/Zip:									
		m the child resides (Pa		ather / Mother / Stepmother						
	nt or Guardian Info ame:									
-,	First	Last	Relat	ionship						
9) Co	ontact Information:			-						
-,			Phone Work	Phone						

Occupation:		Employer:	
10) Name: First	Last		Relationship
			Relationship
11) Contact Information:			
	Home Phone	Cell Phone	Work Phone
Occupation:		Employer:	
12) E-mail address:			

13) Authorized person(s) to pick up beside parent/guardian:

(1) Name:			
First	Last		Relationship
Contact Information:	Llama Dhana		
(2) Name:	Home Phone	Cell Phone	Work Phone
First	Last		Relationship
Contact Information:			
	Home Phone	Cell Phone	Work Phone
			or the first time must present does not allow for immunization
Medical Information Does your child have ar consideration for your cl Yes No 1 14) If yes, please descri	hild's participation in	regular school	
Emergency Contacts: 15) Name: First		-	ot be reached.)
Address:			
City/State/Zip:		Phone:	
16) Pediatrician's Name	::		
Contact Information	1:		
Parental/Guardian Cor	isent:		
such care is nee scrapes, bandag I acknowledge th marketing, adve I understand my	ded, including ambu ges, etc. Otherwise, y nat my child may be rtising or news purpo child's enrollment is nailed to me upon th	Ilance. (i.e., Fir you and/or you photographed oses. a not completed	dministered to my child whenever st-Aid cream for bruises and/or r child's pediatrician will be called.) or video-recorded for publicity, until I sign the enrollment contract, s registration form and the \$100 non-
17)			18) / /
Parent or Guardian's Sig	gnature		18)// Date

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

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

Oregon Hope Chinese School

4010 NW Kaiser Rd Portland, OR 97229

Please make checks payable to OHCS.

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