

# Oregon Hope Chinese School 2025 Summer Camp Registration Form

Week 1&2: June 16– June 27	<b>Chinese painting 梅兰竹菊</b>
Week 3&4: July 7 – July 18	<b>Gongfu Panda 功夫熊猫</b>
Week 5&6: July 21- Aug.1	<b>Desert Oasis 沙漠绿洲</b>
Week 7&8: Aug.4 -Aug.15	<b>Beijing Opera Face Painting 京剧脸谱</b>
Week 9&10: Aug.18 –Aug.29	<b>I am a Magician 我是小魔术师</b>

No camp June 30-July 4(July 4<sup>th</sup> 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. 21th, 2025.**

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 \_\_\_\_\_