

Oregon Hope Chinese School 2026 Summer Camp Registration Form

Week 1&2: June 15– June 26	Art--Chinese painting and calligraph 国画和书法
Week 3&4: July 6 – July 17	Geography—Bottom of the Sea 海底世界
Week 5&6: July 20- July.31	Science— Four Grand Inventions 四大发明
Week 7&8: Aug.3 -Aug.14	Science— Four Grand Inventions 四大发明
Week 9&10: Aug.17 –Aug.28	Natural Science---Nature explorer 探索大自然

No camp June 29-July 5(July 4th break)

Half-day camp: (8:00am--12:30pm) \$240/\$230(more than 5 weeks) X___# of weeks= \$_____

Full-day camp: (8:00 am--3:00 pm) \$290/\$260(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)

Parent or guardian's signature

17)

____/____/____
Date

To reserve a space for your child in the Summer Camp, please submit the registration form and tuition by **Mar. 20th, 2026**.

☐ 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 _____