



OHCS After-school Chinese Program Registration Form

Please select the program:

(First priority will be given to students who enroll in 5-day program.)

Program	5 days (M-F)	3 days (MWF)	2 days (Tu,Th)
After-school Chinese	\$349/month <input type="checkbox"/>	\$249/month <input type="checkbox"/>	\$199/month <input type="checkbox"/>

Student Information:

- 1) Child's Name: _____
 First Middle Last
- 2) Name child is to be called: _____ Chinese name (if any): _____
- 3) Birth date: ____/____/____ Sex: M F 4) Phone Number: _____
- 5) Home Address: _____
- 6) City/State/Zip: _____

Parent or Guardian Information:

- 8) Name: _____
 First Last Relationship
- 9) Contact Information: _____
 Home Phone Cell Phone Work Phone

 Occupation: _____ Employer: _____
- 10) Name: _____
 First Last 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: _____
 Home Phone Cell Phone Work Phone
 - (2) Name: _____
 First Last Relationship
 Contact Information: _____
 Home Phone Cell Phone Work Phone

Immunizations

Every child age 3-16 years entering Oregon public or private schools for the first time must present evidence that he/she is immunized. OHCS does not allow for immunization exemptions.

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

14) If yes, please describe: _____

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

15) Name: _____
First Last Relationship

Address: _____

City/State/Zip: _____ Phone: _____

16) Pediatrician's Name: _____

Contact Information: _____

Parental/Guardian Consent:

- By checking this box, I authorize OHCS, if emergency medical care is needed, to take whatever measures deemed necessary (including ambulance) when I cannot be reached and I will assume full financial responsibility.
- I acknowledge that my child may be photographed or video-recorded for publicity, marketing, advertising or news purposes.
- I understand my child's spot in the class **will not** be held until the \$100 non-refundable registration fee is received.

Transportation plan: _____ ((Child) attends _____ (school). He/she will be transported/escorted between the OHCS and the _____ School by school bus, OHCS or _____ will arrive/depart unescorted with my permission. If my child is not at the designated pickup site, or does not arrive as planned, please contact: parent or guardian, or the school, in order to confirm the child's whereabouts, as well as devise a plan as needed to locate the child.

17) _____ 18) _____ / _____ / _____
Parent or Guardian's Signature Date

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

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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