

# Oregon Hope Chinese School 2017 Summer Camp Registration Form

Week 1&2: June 19 – June 30	<b>Chinese painting 国画</b>
Week 3&4: July 10 – July 21	<b>Dinosaurs 恐龙</b>
Week 5&6: July 24- Aug.4	<b>Fairy Tale 童话故事</b>
Week 7&8: Aug.7 -Aug.18	<b>Travelers in China 中国城市和名胜古迹</b>
Week 9&10: Aug.21 –Sept.1	<b>Nature explorer 探索大自然</b>

Half-day camp: (8:00am--12:00pm) \$130/\$110(more than 5 weeks) X\_\_\_# of weeks= \$\_\_\_\_\_

Full-day camp: (8:00 am--3:30 pm) \$220/\$200(more than 5 weeks) X\_\_\_# of weeks= \$\_\_\_\_\_

After-camp care: 3:30pm-6:00pm \$60/\$50(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 May 19, 2016.

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 \_\_\_\_\_