

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 entering Oregon public or private schools for the first time must present evidence that he/she is immunized. OHCS Mandarin Kids 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:

I give my permission for medical assistance to be administered to my child whenever such care is needed, including ambulance. (i.e., First-Aid cream for bruises and/or scrapes, bandages, etc. Otherwise, you and/or your child's pediatrician will be called.)

I acknowledge that my child may be photographed or video-recorded for publicity, marketing, advertising or news purposes.

I understand my child's enrollment is not completed until I sign the enrollment contract, which will be e-mailed to me upon the receipt of this registration form and the \$100 non-refundable registration fee.

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