

Oregon Hope Chinese School Summer Camp Registration Form

School Year _____

Session	A: July 11 th –July 22 nd <input type="checkbox"/>	B: July 25 th –Aug. 5 th <input type="checkbox"/>	A&B: July 11 th –Aug. 5 th <input type="checkbox"/>
Day	Full day <input type="checkbox"/> (8:30am–4:00 PM)	Half day 8:30AM–12:00PM AM <input type="checkbox"/> 12:30PM–4:00PM PM <input type="checkbox"/>	
Tuition	Full day \$400/session <input type="checkbox"/> After-session care (4:00PM–5:00PM) \$60/session <input type="checkbox"/>	Half day \$210/session <input type="checkbox"/> After-session care (4:00PM–5:00PM) \$60/session <input type="checkbox"/>	Total tuition \$ _____

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: _____

7) Does your child already speak and understand Chinese Mandarin? Yes No

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

