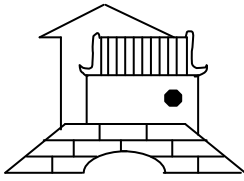


# ASIAN HEALTH & SERVICE CENTER

育苗学前双语融入学校

## Yu Miao Chinese Immersion Preschool

Phone: (503) 775-3767, (503) 872-8822 Fax: (503) 872-8825  
5239 SE Woodstock Blvd., Portland, OR 97206  
Website: [www.ahscpx.org](http://www.ahscpx.org)



Year applying for: \_\_\_\_\_ - \_\_\_\_\_ Age at entry: \_\_\_\_\_ Date enrolled: \_\_\_\_\_ Class applying for: P1 / P2 (please circle)

### Enrollment Application Form (program chosen: 5FD/5HD/3FD/3HD/\_\_\_)

#### STUDENT INFORMATION

Student's Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Chinese Name: \_\_\_\_\_ (If Any)  
Birthdate: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Birthplace: \_\_\_\_\_ Gender:  M  F Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

#### PARENT(S) OR GUARDIAN(S) INFORMATION

① Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Resides with child: \_\_\_Y \_\_\_N  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address (if different from Child's): \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

② Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Resides with child: \_\_\_Y \_\_\_N  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address (if different from Child's): \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\*\* School communications should send to:  ① parent/guardian,  ② parent/guardian, or,  both

Medical Insurance Company: \_\_\_\_\_ ID#: \_\_\_\_\_ Group: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized person(s) to pick up besides self: ① \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

② \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

#### IN CASE OF AN EMERGENCY, CONTACT PERSON (IF PARENT OR GUARDIAN IS NOT AVAILABLE):

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

#### PERMISSION IS GIVEN TO THE PRESCHOOL FACILITY FOR THE FOLLOWING (Please check):

- In an emergency, the above-named facility has my permission to call an ambulance or take my child to any available physician or hospital at my expense.
- In an emergency, the above-named facility has my permission to obtain medical treatment for my child, except for these restriction: \_\_\_\_\_
- I do not wish my child to receive any medical treatment.
- My child may be given prescribed medication. Type: \_\_\_\_\_
- My child may be given non-prescribed medication. Type: \_\_\_\_\_
- My child may be taken on field trips or excursions by bus or private motor vehicle under required supervision.
- My child may be photographed for publicity or news purposes.

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

# (Please turn over)

**General Information:**

Has your child had previous experience in preschool? Yes  No  How long? \_\_\_\_\_

Reason for participating at AHSC Yu Miao Chinese Immersion Preschool: \_\_\_\_\_

**Please give any information concerning your child that will help us provide better care.**

Play:

\_\_\_\_\_  
\_\_\_\_\_

Eating habits and schedule:

\_\_\_\_\_  
\_\_\_\_\_

Sleeping schedule and habits:

\_\_\_\_\_  
\_\_\_\_\_

Fears: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Likes and dislikes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Special words and their meanings:

\_\_\_\_\_  
\_\_\_\_\_

Has your child had Chicken Pox? Yes  No

Does your child have any allergies? Yes  No  If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any other health problems? Yes  No  If yes, please describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are allergies or other health problems serious enough to restrict your child's activities? Yes  No  If yes, please state the restriction:

\_\_\_\_\_  
\_\_\_\_\_

**Other Children in Household:**

Name of Child: \_\_\_\_\_ Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

**Outdoor Activities:**

I give my permission for my child to play in the outdoor play area at the school for outdoor recreation

Yes  No  If no, please explain: \_\_\_\_\_

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_