



ASIAN HEALTH & SERVICE CENTER
Yu Miao Chinese Immersion Preschool

Yu Miao Cultural Camp 育苗文化营



P1/P2/P3/HD/FD Ref. #: _____

Application Form

Child's English Name: _____ Chinese Name: _____ DOB: _____ Sex: _____

School attended: none Daycare Preschool K Grade ____ Chinese Link: Yes No

School Name (if any): _____ Mandarin Level: No A little Basic Good

Parent's / Guardian's Name: _____

Cell Phone: _____ Home Phone: _____ Email: _____

Address: _____

*Other Emergency Contact Person: _____ Phone: _____

Family Doctor: _____ Phone: _____ Food Allergy/Restriction: _____

Medical Insurance Co.: _____ ID# _____ Medical condition: _____

Please "✓" your preference : S1-S10 Panda Class (3-4) Phoenix Class (5-6) Dragon Class (7-9)

Full Day (8:30-3:00) **early bird \$180** after 4/30 \$190 Half Day (9:00-12:00) **early bird \$100** after 4/30 \$110

<i>Session</i>	<i>Date</i>	<i>Tuition + Extra Care \$4@hr.</i>	<i>=</i>	<i>Total</i>
1	06/14-06/18	\$ _____ + (\$4 x _____ hr. _____ to _____)	=	\$ _____
2	06/21-06/25	\$ _____ + (\$4 x _____ hr. _____ to _____)	=	\$ _____
3	06/28-07/02	\$ _____ + (\$4 x _____ hr. _____ to _____)	=	\$ _____
4	07/05-07/09	\$ _____ + (\$4 x _____ hr. _____ to _____)	=	\$ _____
5	07/12-07/16	\$ _____ + (\$4 x _____ hr. _____ to _____)	=	\$ _____
6	07/19-07/23	\$ _____ + (\$4 x _____ hr. _____ to _____)	=	\$ _____
7	07/26-07/30	\$ _____ + (\$4 x _____ hr. _____ to _____)	=	\$ _____
8	08/02-08/06	\$ _____ + (\$4 x _____ hr. _____ to _____)	=	\$ _____
9	08/09-08/13	\$ _____ + (\$4 x _____ hr. _____ to _____)	=	\$ _____
10	08/16-08/20	\$ _____ + (\$4 x _____ hr. _____ to _____)	=	\$ _____

Subtotal = \$ _____

(less 5 % if sibling or signed up for 4 or more sessions) - \$ _____

Grand total = \$ (_____)

⌘ Please **make checks payable to AHSC** or Asian Health & Service Center and mail to:

3430 SE Powell Blvd., Portland, OR 97202 . ⌘ Attn. to Account Dept (Yu Miao Cultural Camp)

Application **deadline is May 31st, 10** After that, application can only be accepted when space is still available and the extra fee is **\$10 more** for each session. **First Come, First Serve**. Only paid applications are guaranteed for enrollment. Once registered, any **withdraw** request will be charged with a **\$30 administration fee**. No refund will be given after the session starts. In case of insufficient enrollment, the camp may be in mixed group or **cancelled** and **full refund** will be given for any cancellation.

Signature of Parent/Guardian: _____ **Date:** _____

** For office use only:

Payment of \$ _____ (Check # _____) received on _____ by _____