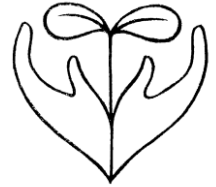


**ASIAN HEALTH & SERVICE CENTER
Yu Miao Chinese Immersion Preschool**



Yu Miao Cultural Camp 育苗文化营

Application Form

P4 Class: HD/FD Ref. #: _____

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: _____

- 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.*
- My child may be photographed for publicity or news purposes.*

<u>Session</u>	<u>Theme</u>	<u>Date</u>	<u>Half Day / before 5/6</u>	<u>Full Day / before 5/6</u>
1 民族舞蹈	Folk Dance	06/27/11-07/08/11	\$130 / \$120 (x2)	\$210 / \$200 (x2)
2 武术-太极扇	Martial Art- Taiji Fan	07/11/11-07/22/11	\$130 / \$120 (x2)	\$210 / \$200 (x2)
3 唐诗宋词	Chinese Poetry	07/25/11-08/05/11	\$130 / \$120 (x2)	\$210 / \$200 (x2)
4 素描	Sketch	08/08/11-08/19/11	\$130 / \$120 (x2)	\$210 / \$200 (x2)

Please "✓" your preference: Full Day (8:30-3:00) early bird \$200 after 5/6 \$210
 Half Day (9:00-12:00) early bird \$120 after 5/6 \$130

Session Date Tuition + Extra Care \$6@hr. = Total

1	06/27-07/08	\$_____ + (\$6 x _____hr. _____to _____x _____days)	\$_____ = \$_____
2	07/11-07/22	\$_____ + (\$6 x _____hr. _____to _____x _____days)	\$_____ = \$_____
3	07/25-08/05	\$_____ + (\$6 x _____hr. _____to _____x _____days)	\$_____ = \$_____
4	08/08-08/19	\$_____ + (\$6 x _____hr. _____to _____x _____days)	\$_____ = \$_____

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, 2011**. 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 Served**. 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 _____