



ASIAN HEALTH & SERVICE CENTER

華人服務中心育苗學前雙語融入學校

Yu Miao Chinese Immersion Preschool

5239 SE Woodstock Blvd., Portland, OR 97206

Phone: (503) 775-3767 Fax: (503) 872-8825

Website: www.ahsdpdx.org



Wait list Application Form for the school year (20__ - 20__)

Child's Name: _____ Age: _____ Birth date: ____/____/____ Sex: _____

Birthplace: _____ Previous school: ___ None ___ Day care ___ Preschool

Mandarin Level: ___ None ___ little ___ good Potty Trained: ___ Yes ___ No

Class applying: P1 (3 - 4 Years old) P2 (4-5 years old)

Parent's Name: (1) _____ (2) _____

Address: _____ ZIP: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

E-mail: _____ Best way to contact: _____

Note: You may be contacted through e-mail for information and our future events.

Please provide the following answers:

How do you hear about our school? _____

Why are you interested in our school? _____

Do you have any Chinese heritage or connection? Please explain :

I have enclosed \$50 (non-refundable) application fee with this form

(Please make your check payable to : **Asian Health & Service Centre** and send to
3430 SE Powell Blvd., Portland, OR 97202

Parent Signature: _____ Date: ____/____/____

For office use only: _____ No. _____

Date received ____/____/____ with payment of \$ _____ by _____