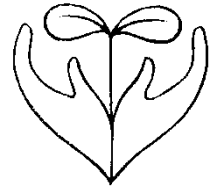


ASIAN HEALTH & SERVICE CENTER
華人服務中心育苗學前雙語融入學校
Yu Miao Chinese Immersion Preschool
 5239 SE Woodstock Blvd., Portland, OR 97206
Phone: (503) 775-3767 Fax: (503) 872-8825
Website: www.ahscpx.org



After School Program

Application Form

Monthly Fee: _____

Program needed: (Please ✓) M T W Th F **Ride needed:** Y N **Time:** 2:30-5pm 2:30-6pm

STUDENT INFORMATION

Student's Full Name: _____ Chinese Name: _____ (If Any) School: _____ Grade: _____

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: _____

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:** _____

Food allergies or other health problem: No Yes (Please specify) _____

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 play in the gym and the outdoor playground
- My child may be photographed for publicity or news purposes.

Signature of Parent / Guardian: _____

Date: _____