**Worldplus Chinese School**

**Preschool Enrollment Form 2018-2019**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Student’s Name | | | | Chinese Name | | |
| Birth Date | | | | Gender Male  Female | | |
| **Parent/Guardian Contact Information** | | | | | | |
| **Name (first, last)** | | | | Relationship | | |
| Street Address  City  Zip | | | | | | |
| Home Phone | | | | Cell Phone | | |
| Email | | | | Work Phone | | |
| **Name (first, last)** | | | | Relationship | | |
| Street Address (if it’s different)  City  zip | | | | | | |
| Home Phone | | | | Cell Phone | | |
| Email | | | | Work Phone | | |
| **Required Emergency Contacts** | | | | | | |
| Name (first, last) | | Phone | | | Relationship | |
| Name (first, last) | | Phone | | | Relationship | |
| Authorized Persons for Pick up | | | | | | |
| Name (first, last) | | Phone | | | Relationship | |
| Name (first, last) | | Phone | | | Relationship | |
| **Medical Information** | | | | | | |
| Insurance Provider | | | | Policy Number | | |
| Primary Physician Name | | | | Phone | | |
| Dentist Name | | | | Phone | | |
| Does your child have any allergies or health programs?  Yes  No  If yes, please describe: | | | | | | |
| **Parent or Guardian Authorization**    I give my permission for medical assistance to be administered to my child whenever  such care is needed, including ambulance. (i.e., First-Aid cream for bruises and/or  scrapes, bandages, etc. Otherwise, you and/or your child’s pediatrician will be called.)  I give permission for my child to be photographed during classroom hours or fieldtrips by their teachers. The photos may be used for publicity, marketing, advertising or news purposes.  Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Parent Survey:**  What is your purpose in having your child join the WCS preschool program?  What does your child like to do?  Is there anything about your child that we need to know (physically, emotionally, etc.)? | | | | | | |
| **Registration and tuition**   1. **Non-refundable registration and material fee of $50 per child.** 2. **Tuition fee: please checkmark the weekly program you want.** 3. **Payment is fixed monthly with 25% off December, March and June for vacation terms.**   **Discounts we offer: Two or more children will earn a 5% discount applied to the total monthly payment.**  **No refund for personal sick days, holidays or personal vacation days. Missed days are forfeited.** | | | | | | |
| **Days** | 5 days (M-F) | | 3 days (MWF) | | | 2 days (Tu,Th) |
| **Tuition (due the 1st of the month)** | $399 | | $260 | | | $200 |
| **Please return this form with registration fee in cash or by check to “Worldplus Education and Cultural Exchange,” 330 NW 107th Ave., Portland OR 97229.**  **Student’s spot in the class will not be held until the $50 registration fee is received.** | | | | | | |