



**CHINESE AMERICAN
INTERNATIONAL
华美国际 SCHOOL**

Application for Admission

PRESCHOOL & KINDERGARTEN

STUDENT INFORMATION				REGISTRATION				
Student Last Name		Student First Name			Time	M - F	M/W/F	Tu/Th*
Age as of Sept 1, 2018	Birth Date	Desired Start Date		Preschool- AM (3 or 4)	9:00am - 12:45pm			
Gender	Country of Citizenship			Preschool- FULL (3 or 4)	9:00am - 3:30 pm			
Will student attend another school?		School Name?		Kindergarten - FULL (5)	9:00am - 3:30 pm		NA	NA
Notes: <i>Students enrolling M-F are given first priority.</i> Admission to CAIS is on a first-come, first-served basis. Before and After Care registration forms will be included in your acceptance packet.								
PARENT / GUARDIAN 1				PARENT / GUARDIAN 2				
Last Name		First Name		Last Name		First Name		
Address				Address				
City	ST	Zip		City	ST	Zip		
Home Phone	Cell Phone			Home Phone	Cell Phone			
Email Address				Email Address				
Employer / Occupation				Employer / Occupation				
NON-DISCRIMINATION POLICY								
CAIS admits students of any religion, race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate in the administration of its education policies, admission policies, or other school administered programs.								
APPLICATION FEE AND PAYMENT INFORMATION								
I/we wish to enroll my/our child in the Chinese American International School (CAIS). I/we have enclosed a non-refundable <i>one time</i> application fee of \$100. It is understood this application fee will not be credited toward any school charges.								
I/we select the following option for payment of the tuition amount circled above. Once our child is accepted, I/we understand the payment amounts will be clearly defined in the letter of acceptance.								
<input type="checkbox"/> Option A - 5% discount when paid in full on or before August 1, 2018								
<input type="checkbox"/> Option B - 60% less 3% paid on or before August 1, 2018 and the remaining 40% less 1% due January 5, 2019								
<input type="checkbox"/> Option C - 10 equal payments due on the 1st of each month starting August 1, 2018, to include a prorated annual \$50 billing fee								
Signature of Parent / Guardian 1			Date	Signature of Parent / Guardian 1			Date	
_____			_____	_____			_____	
OFFICE USE ONLY								
Application Date	App. Fee Recv'd	Accepted into Grade	Waitlist for Grade	Declined	Initials			
_____	_____	_____	_____	_____	_____			

Please return application and \$100 application fee to:

Chinese American International School
 1855 South Shore Blvd.
 Lake Oswego, OR 97034
 503-860-1707

MEDICAL/DENTAL INFORMATION AND AUTHORIZATION	
Primary Care Physician	Phone
Medical Insurance Provider	Policy Number
Dentist	Phone
My child may be given non-prescribed medication as indicated on the container. This may include sunscreen, children's pain reliever and antibacterial first aid cream. Syrup of ipecac may be administered if deemed necessary by the poison control operator. The child's parent or guardian will be contacted prior to administering non-prescription pain relievers. Prescription medications must be current and a permission slip is required per each medication.	YES NO
In an emergency, CAIS has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 will be called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.	YES NO
Does your child have allergies?	YES NO
List all allergies or other health problems, including instructions for providing best possible care in regard to stated conditions. Do any of the medical conditions restrict the child's activities?	

EMERGENCY CONTACT INFORMATION	
In an emergency, parents will be notified first. Contacts below will be called when parents are unavailable.	
Name (first, last)	Home Phone
Relationship	Cell Phone
Name (first, last)	Home Phone
Relationship	Cell Phone
PICK UP AUTHORIZATION	
Please provide information for people other than parents who are authorized to pick up your child.	
Name (first, last)	Cell Phone
Relationship	License Number
Name (first, last)	Cell Phone
Relationship	License Number

PERMISSION TO PHOTOGRAPH	
I authorize the Chinese American International School to use my child's photograph without name or any other personal identifiers in marketing materials and media promoting the Chinese American International School.	YES or NO

Signature of Parent or Guardian

Date
