受付月日	月	日
クラス	もも	いちご / りんご / みかん

School use only

2011-2012 Registration Form

Date / /

Please circle one of the following.	
1	Same as before
2	Wish to change classes
3	New enrollment

If you chose "1," please check (x) period of day (A) and frequency of days (B) that your child is currently attending. If you chose "2" or "3," please check (A) and (B) that you want.

(A) Period of day			(B) Frequency		
		Morning			Twice/week (Tue/Thu)
		Afternoon			Three times/week (Mon/Wed/Fri)
					Five times/week (Mon-Fri)

Name of Child: _____ Sex : M・F

Name in "*KATAKANA*" _____

Age (birth date): _____ years _____ months (/ /)

Address: _____

TEL: ( ) _____ CELL: ( ) _____

E-mail address: _____

Father's Name: _____

Employer's Name: _____ TEL: ( ) _____

Mother's Name: _____ ( )

Employer's Name: _____ TEL: ( ) _____

Emergency contact if we are unable to reach you or other parent (local):

(1) Name _____ (2) Name _____

TEL: ( ) TEL: ( )

Others authorized to drop off and pick up your child:

(1) Name _____ (2) Name _____

TEL: ( ) TEL: (

Child's physician:

Name _____ TEL: ( ) _____

Allergies and medical problems: _____