

2010年 春のお勉強スクール申込み用紙 受領日付 /

注)記入はすべて英語でお願いします。

Child's name	Sex F. M	Birthday / /	Class 春のお勉強スクール
Home Address			
Home Phone (自宅電話)		Mobile Phone (携帯電話)	

Parents / Guardian's Name & Contact 緊急連絡先 (保護者以外の知人、親戚等)

Name	Relation	Business	Work or Mobile Phone
1			
2			

Special Instruction: Class or Activity Schedule and Phone Number where you can be reached
 特別事項:保護者が通っている各種教室、参加活動等の時間、連絡先および電話番号などを記入してください。

Home Doctor etc.

	Name	Phone	Address
Podiatrist 小児科医			
Other その他			

Special Mention (Allergy, etc.)/ 特記事項(アレルギー など)

I am the Parent/Guardian of _____. I agree to follow the educational and business policies and procedures established by Friends Academy. Also, in an emergency, the school has my permission to provide my child with basic treatment if my own health care provider cannot be made contact with. My health insurance will provide the primary coverage and the school will be the secondary provider for any fees not covered by my own insurance policy.

Parent's Signature _____ Date ____ / ____ / ____

In case of emergency and the above cannot be reached, I hereby give permission to the staff of Friends Academy of Japanese Children's Society, Inc. to authorize emergency medical treatment for my child.

Parent's Signature _____ Date ____ / ____ / ____

I hereby give consent for my child to be photographed during the Day Camp of Friend Academy of Japanese Children's Society. The photos are for the classroom use as well as to publicize the program.

Parent's Signature _____ Date ____ / ____ / ____

上記の者、申込金 \$ 485 のチェックと共に参加を申し込みします。前頁の申し込み方法、キャンセルの方法、及び参加の条件は承知しています。尚、参加に当たり、学園の方針に従います。

保護者署名

日付

Signature _____ Date _____

すべて記入の上、申込金 \$ 485 のチェックと共に申し込みください。
チェックの宛先は Japanese Children's Society, Inc. です。