



あっぷる幼稚園 Apple Youchien”

お申込日 年 月 日

< CV 園入園登録書 >

*お子さんの氏名 in Japanese: _____

(Child's Full name in English: _____)

生年月日(date of birth) _____

住所(address) _____

電話(phone#) _____

(登園クラス) → ほし組 (月・水・(金)) O R はな組 (火・木・(金))

Sora-Gumi: Sky Class (Mon. Wed. + (Fri))

Hana-Gumi: Flower Class (Tue. Th.+(Fri))

<あっぷる幼稚園をどの様にして知りましたか? (ご紹介者等) Who referred you to Apple preschool?>

(Emergency Medical Information)

①Child's Physician _____ (Phone#) _____

②Preferred Hospital _____ (Phone#) _____

③Insurance Company _____ (Policy#) _____

④Regular Medication _____

⑤Medication Allergic to _____

⑥Food Allergic to _____

⑦Any other Allergies _____

⑧Any Special Condition _____

* **Mother's** Full Name (氏名) _____

Home phone# _____ Cell phone# _____

E-mail address _____

Address _____ Zip _____

Occupation _____ (work phone#) _____

Name of Employer _____

Business Address _____

* **Father's** Full Name (氏名) _____

Home phone# _____ Cell Phone# _____

E-mail address _____

Adress _____ Zip _____

Occupation _____ (work phone#) _____

Name of Employer _____

Business Address _____

Emergency Contacts(within 20miles of Apple Katei Youchien other than parents or guardian)

①Name _____ relationship to child _____

Home phone# _____ Cell phone# _____

②Name _____ relationship to child _____

Home phone# _____ Cell phone# _____

* **Person(s) authorized to pick up my child**(besides parents,guardians)

Name _____ relationship to child _____

Home phone# _____ Cell phone# _____

* 入園金 (\$ 50) と今年度の登録費 (\$ 50) を添えて、お申し込み下さい。お申し込み後の返金は致しかねます。

*Submit this form with Enrollment Fee(\$50) &Registration Fee(\$50) *Make payment to "Apple Katei Youchien" The Fee is not refundable.