



あっぷる幼稚園 Apple Youchien”

お申込日 年 月 日

< S D 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) → そら組 (月・水・金) O R うみ組 (火・木)
Sora-Gumi: Sky Class (Mon. Wed. Fri) Umi-Gumi: Flower Class (Tue. Th.)

<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)

① Child's Physician _____ (Phone#) _____

② Preferred Hospital _____ (Phone#) _____

③ Insurance Company _____ (Policy#) _____

④ Regular Medication _____

⑤ Medication Allergic to _____

⑥ Food Allergic to _____

⑦ Any other Allergies _____

⑧ Any 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 20 miles of Apple Katei Youchien other than parents or guardian)

① Name _____ relationship to child _____

Home phone# _____ Cell phone# _____

② Name _____ 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 (\$ 100) 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.