



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) ●週5保育 (月～金) OR ●ほし組 (月・水・(金) OR ●はな組 (火・木・(金)
 5day/week OR Hoshi-Gumi:Star Class (Mon. Wed. + (Fri) OR 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 _____
 Address _____ 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# _____

* 入園金と今年度の登録費を添えて、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 & Registration Fee *Make payment to "Apple Katei Youchien" The Fee is not refundable.