



あっぷる幼稚園 Apple Youchien”

お申込日 年 月 日

<SD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#) _____

<登園希望クラス> (ご希望のクラスを囲んで下さい。)

●週5保育 (月~金) or ●週3保育 (月・水・金) or ●週2保育 (火・木)

or ●週3保育 (月・水・金) **+** 週2英語保育 (火・木) or ●週2英語保育 (火・木) のみ

<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 _____

Home phone# _____ Cell phone# _____

E-mail address _____

Address _____ Zip _____

Occupation _____ (work phone#) _____

Name of Employer _____

Business Address _____

* **Father's** Full Name _____

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# _____

***Submit this form with Enrollment Fee &Registration Fee *Make payment to "Apple Youchien" The Fee is not refundable.**