



CV園：入園登録書

< CV site : Admission Registration >

* Child’s Full name in Japanese(if he or she has) _____

* Child’s Full name in English _____

(date of birth) _____

(Address) _____

(Phone#) _____

< Preferred Class > (Please Circle the Preferred Class from below)

● x5/week (M~F) OR ● Hoshi (M • W • (F)) OR ● Hana (T • Th • (F))

<How did you hear about Apple Youchien? / Who referred you to Apple Youchien?>

(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.**