



SD 園：入園登録書

# < SD 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 ● x 3 /week (M · W · F) or ● x 2 /week (T · Th)

or ● x 3 /week (M · W · F) + x2/week English Class (T · Th) or ● x 2 /week English (T · Th)

< 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 \_\_\_\_\_

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)

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# \_\_\_\_\_

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