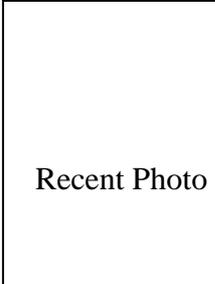


SUN'S INTERNATIONAL PRESCHOOL

2-17-22 Yuigahama, Kamakura-shi, Kanagawa

Tel/Fax: 0467-22-2486



Summer Fun Program 2023

APPLICATION FORM

Child's Name: _____

(Last)

(First)

(Middle)

Date of birth: _____ / _____ / _____ Age: _____

(Month)

(Day)

(Year)

Spoken languages: _____

Current School: _____

Parent's Name: _____

(Last)

(First)

(Middle)

Address: _____

Zip Code: _____ Home Tel: _____ Fax: _____

Mother's Cell: _____ Father's Cell: _____

E-mail Address (PC): _____

E-mail Address (Mobile): _____

My child will attend

Summer Fun

August 21 to August 25

Sun's International Preschool

Summer Fun Program 2023

HEALTH FORM

This Health Form must accompany your Summer Program Registration

Applicant's Name: _____

Home Tel: _____

Mother's Cell: _____

Father's Cell: _____

Parent's Name: _____

Other names and telephone numbers to contact in case of emergency:

1. Name: _____ Tel : _____

2. Name: _____ Tel : _____

Does the applicant have any medical condition? _____ Yes _____ No

If Yes, please give the details:

Any allergy? : _____ Yes _____ No

If Yes, please give the details:

Is the applicant taking medication? : _____ Yes _____ No

If Yes, please list the medication(s):
