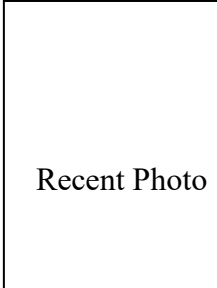


SUN'S INTERNATIONAL PRESCHOOL

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

Tel/Fax: 0467-22-2486



Summer Fun Program 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 (Father): _____

E-mail Address (Mother): _____

Sun's International Preschool

Summer Fun Program

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):
