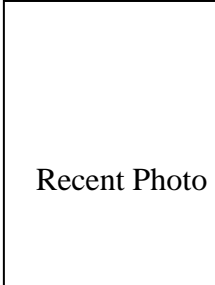


# SUN'S INTERNATIONAL PRESCHOOL

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

Tel/Fax: 0467-22-2486



## Summer Fun Program 2024

### 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 26 to August 30

# Sun's International Preschool

## Summer Fun Program 2024

### 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:

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Any allergy? : \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please give the details:

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Is the applicant taking medication? : \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please list the medication(s):

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