



Received: _____

Reference: _____

Child's Name: _____
(Family) (First) (Middle)

Japanese Name: _____
(Kanji, Hiragana, Katakana if available)

Date of Birth: ____/____/____
(Year / Month / Day)

Nationality: _____ **Gender:** Male / Female

Address: _____

Postal Code: _____

Telephone: _____ **Fax:** _____

Parent / Guardian Details:

	Parent / Guardian	Parent / Guardian
Name:		
Nationality:		
Language(s):		
Mobile / Home Telephone Number:		
E-mail:		
Employer:		
Position / Title:		
Business Address <input type="checkbox"/> Please check here to have invoice sent directly to your company		
Business Telephone Number:		
Business Fax Number:		
Business email address:		

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In order to best serve your child's needs please complete the following questions as thoroughly as possible. Thank you.

What is the primary language your child speaks at home? _____

What other languages does your child speak / understand? _____

Has your child previously attended another preschool or playgroup? Yes / No
 If yes, please indicate the Name of the School and current address: _____

Is your child right-handed or left-handed?
 Right-handed / Left-handed / Not known yet

What do you consider to be your child's strengths? _____

Has your child received special service or therapy? Yes / No If so, please describe:

Is your child toilet trained? Yes / Not Yet / Working on it

Does your child have any siblings?

_____	_____	_____
_____	_____	_____
<i>Name</i>	<i>Date of Birth</i>	<i>School Name</i>

What do you consider to be your objectives in enrolling your child at Ohana International School?

What are your reasons for choosing our school? _____

How did you find out about our school? Please give the names of those who recommended us to you.

How would you like your child's name displayed in class?
 English: _____ Hiragana, Katakana (if available): _____

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When do you wish your child to start? _____

Please indicate which program you are interested in enrolling your child in below.

Hours	Regular Program	Catered Lunch
8:30-12:30 Half Day	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri
8:30-14:00 Full Day	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri
Extended Care Pls. specify time	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri _____	Please indicate if you want to have a trial session first for catered lunch: <input type="checkbox"/> Yes, how long? _____ <input type="checkbox"/> No
After School Classes	Class and Day: _____ Class and Day: _____ Class and Day: _____ Class and Day: _____ Class and Day: _____	

✿ Extended care is available from 7:30 – 8:30 am / 2:00 – 5:00 pm.

✿ Extended care charges assessed in 15-minute increments

Medical and Emergency Authorization

✿ Does your child have any special dietary requirements or allergies? **Yes / No**

If Yes, Please describe: _____

✿ Any possible medical emergencies (asthma, epilepsy, febrile seizures or others)? **Yes / No**

If Yes, Please describe: _____

✿ Are there other health concerns / physical limitation that the school needs to be aware of that may limit or affect regular school activities? **Yes / No**

If Yes, Please describe: _____

Vaccination Schedule and Health Check - Please provide copies of the most recent vaccination schedule and the latest health check of your child at the time of enrollment.

It can be a doctor's certificate or a Japanese "Boshitecho"

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Medical Consent for Emergency Care: (applies to regular, after school programs and extended care)

I understand that my child may need emergency treatment during school hours while he/she attends Ohana International School. I, hereby authorize the School, through its teachers and or school staff to administer first aid or other minor medical treatment as shall be deemed best under the circumstances.

I understand that the School will attempt to notify me in the event of an emergency requiring immediate medical care for my child and if the School is unable to notify me, it will have my child treated by a duly qualified physician at the nearest hospital or emergency center. Any medical information provided to the School may be shared with emergency medical personnel.

 Do you give consent to Ohana International School regarding Emergency care? **Yes / No**

Authorized Persons and Pick-up Authorization


I understand that the school will make every effort to communicate with us or designated emergency contacts in the event of an emergency. However, if we cannot be contacted, I authorize Ohana International School to take any emergency measures necessary. I agree to be responsible for any expenses that may be incurred in such an event.

Please provide the names and contact information of those (*other than yourselves*) who are authorized to pick up your child and whom we can contact in the event that both parents cannot be contacted in cases of emergency

(1) Name and contact information	
(2) Name and contact information	

Media Consent

School events, classroom activities and special programs are sometimes photographed or videotaped by school for documentation and marketing purposes. The videos and photographs may be used on our website (www.schoolintokyo.com), our blog, and newsletter and in print advertisements such as magazines (i.e. Tokyo Families Magazine) or event postcards.

 Do you give permission to the school to use your child(ren)'s photographs, video, audio recordings on the school's marketing materials, journals, blogs and social media page? **Yes / No**

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Tuition Policy

- ❁ Tuition and all other fees will not be refunded under any circumstances (*No tuition refunds will be given due to the possible difficulty in enrolling another child after the semester has begun*)
- ❁ Tuition fees may be paid in either one or two installments (Aug-Dec and Jan-June). Tuition fees must be paid by bank transfer or in cash for all regular class courses.

Agreement

- ❁ I / We have decided to enroll our child at Ohana International School and agree with the school's admissions policy and all the authorizations required and stated on this form.
- ❁ I / We certify that all the information stated here are true and correct.
- ❁ I / We will arrange to have the tuition fees transferred to the schools account.

Parent / Guardian's signature:

Parent / Guardian's signature:

Date:
