We Go Eigo Fuchu International Christian Preschool & Kindergarten

Student Application For Enrollment

Student's Information								
Name: (Kanji)						Date of Birth: Month	Day Year	
Name: (English)						Girl Boy	_	
Home Address:						Home To	elephone Number:	
Parents' Information								
Mother's Name: (Kanji)				Father's Name: (Kanji)				
Mother's Name: (English)				Father's Name: (English)				
Home Address:				Home Address:				
Cell Phone Number: Cell Phone Number:								
Email Address:				Email Address:				
Drop off/Pick up Authoriz	zation							
Name:	Relationship:	Relationship:			Telephone #:			
Name:	Relationship:	Relationship:			Telephone #:			
Emergency Contact Infor	mation							
Name:	Relationship:	Relationship:				Telephone #:		
Name:	Relationship:				Telephone #:			
Medical Information								
Allergies:								
Nene (1x to 5x Per We	ek)							Extended Program (7:30am-7:00pm)
Please check days will attend	Monday	Tuesday	Wed	dnesday	Thursda	ay	Friday	Yes ()
Regular Program (9:00am-3:30pm)	()	()		()	()		()	No ()
Humu/Honu/Pueo (Fu	III Time Only)							
Regular Program (9:00am-3:30pm)	Humu ()	Honu ()	Pu	eo ()	Extende Prograi (7:30am-7:0	m	Yes ()	No ()
Humu/Honu/Pueo (Part-Time Only) Exten (7:30							Extended Program (7:30am-7:00pm)	
Please check days will attend	Monday	Tuesday	Wed	dnesday	Thursda	ay	Friday	Yes ()
Regular Program (9:00am-3:30pm)	()	()		()	()		()	No ()

Trial Date:	Application Date:	Start Date:	End Date:			
Registration Fee Paid (¥20,000) on: Rec'd by:		Sibling Discount (Yes/No, Siblings Names):				
Referred to By:						
Notes:						