

Application form

Please complete, sign and return by post or email to;

Global Kids Place K.K Managing Director: Yukari Iwamura

Address: Global Kids Place K.K 1-4-17 Taishido, Setagaya-ku, TOKYO 154-0002 F Bldg 2F

Email: info@globalkidsplace.jp

my child has been provided. Global Kids Place K.K is in agreeance with the abo	Signature:					
my child has been provided.	Signature:					
I being the parent/guardian of this prospective pu	apil hereby confirm that the informa	ation given above is co	rrect and all rele	vant inform	nation abo	
					l	
Allergies:						
Any medical conditions:						
Child`s medical condition	No (please circle below)	Yes (please g	ive details)			
Name of person to pick up	Babysitter (Insert name)					
Method of returning home	Pick up					
Pick up time	18:00					
Approximate arrival time at school	14:30					
Prefered days	Monday					
Course selection (regular or non regular)	Regular once/week					
Details of application	Example	Details	Mon	Tue	Wed	
Please select the course, day and pick up time ;						
*Use of photos/videos to display in class and use	e at information sessions		□ I agree	□I disagre	е	
*Use of photos/videos on company related web			□ I agree	□ l agree □ l disagree		
Please circle the below if you are in agreeance wi						
Name:	L	ion with child:				
Emergency contact						
Occupation	Work	x Telephone:				
Email address:						
Mobile number:						
Nationality:						
Parent Information						
Tel/Mob:						
Home address:						
Grade:						
Current School/ Kindergarden/Preschool Name						
Gender (please circle)	Male/ Female					
Current Age						
Date of birth (Child)						
<u>Child information</u>						
Personal information						
raient Name.						
Parent Name:						
Parent Surname:						
Nationality (Child):						
Name (Child):						
Prefered date of admission: Surname (Child):						

Seal/ Signature: