KIDSBRIGHT Summer School 2016

Application Form

Child's Name: First Name Last Name				Sex: Boy/G	irl
	Last Name				
		_Age:	Grade:	Nationality	
	h Day Year School:				
Home Address:					
Home Phone Number:		Email Address:			
Mobile Phone Number:		Emergency Contact Number:			
week(s): [dates: [program hours: [Summer School (for non-kidsbright Registration Fee: 3 (for all children)	children)	□ 2 weeks □ 8/15-8/1 □ 9:30-15:3	9 60	3 weeks	1130 □150
	, e	E dave(m	on fri)		
1 week	5 days(mon-fri)				
	9:30-13:3	30	9:	30-15:30	
2 weeks	30,000			37,000	
3 weeks	50,000		e	52,000	
	64,000		77,000		
lf yes, please fir School Van Fe	rvice: Do you wish st ask the school offi e: ye ctivities Fee: Total nu	ce for Van rout en Done-wa	e, time, fee ay Dround	and availability.	

■ Is it OK to post your child's pictures on our private Web album? □Yes □No

Application:

Applications will be accepted on a first come first served basis. Please submit this form directly to school, email it as an attachment to: <u>kips@future.ocn.ne.jp</u>. or fax to <u>(078)754-8128</u>. The deadline for application is <u>Friday, July 1st</u>. Applications after the deadline will be accepted only if there is space available. Summer school schedules will be sent to you <u>by July 11</u>th by email after the application is accepted.

Payment:

Upon receipt of the application form, the school will issue an invoice indicating the details and the payment deadline. Payment can be made through either bank or post office transfer. No cash is accepted. (For KIPS students, the payment for summer school fee will be made through regular post office transfer on **Tuesday**, **July 26th**.)

Date of Application: ____/___/___Parent's Signature:_____