Osaka YMCA International School
Spring Intensive Program 2010 Application Form

FAX: 06-4395-1004

NAME		Date of Birth	/ / age:
		Gender	M ・ F
Address	Zip ー TEL : （ ） ー E-Mail: @		
Current School	Grade:		
Period	• Mar 29th (Mon) – Apr 2nd (Fri) 5 days • 9:30～14:50 (After-school supervision till 15:30) *After-school extension: 15:30～17:30		
Class	☐ Kindergarten Class ☐ Elementary Class ☐ Elementary Class		
Allergy	☐ Medicine ( ) ☐Food ( ) ☐ Other ( )		
Additional Information	Please inform us if there is any additional information relevant to this application that we should be aware of.		

Where did you hear about Osaka YMCA International School?
☐ Internet ☐ Friend ☐ Newspaper ☐ DM ☐ Other ( )

Name of Parent / Guardian: Signature:

Emergency Contact: ( ) ー

Copyright of your child's picture:
I authorize that OYIS has permission to display my child's photographs for the website and media in perpetuity.

Date: Signature:

After-school Extension Application Form

▲Please check the box below the date you would like to avail of the service.
*This service is only for the children in the Kindergarten Classes.

Name: _____ **Emergency Contact:** _____

Mar 29 (Mon)	Mar 30 (Tue)	Mar 31 (Wed)	Apr 1 (Thu)	Apr 2 (Fri)

＊Please complete the payment within two weeks of your application.
＊Please note the Refund Policy below.

Full	14 days before the term starts.
50%	Until March 26th 3pm
Not refundable	After March 26th 3pm