

**Osaka YMCA International School  
Summer Intensive Program 2011 Application Form**

FAX: 06-4395-1004

NAME	Date of Birth	/ /
	Gender	M • F
Address	Zip	—
	TEL : ( ) —	E-Mail: @
Current School	Grade:	
Period	<input type="checkbox"/> Week1: Aug 1 to Aug 5 <input type="checkbox"/> Week 2: Aug 8 to Aug 12 <input type="checkbox"/> Week 3: Aug 17 to Aug 21 <input type="checkbox"/> I will apply after care program	
Class	<input type="checkbox"/> Kindergarten Class <input type="checkbox"/> Elementary Class <input type="checkbox"/> Advanced Elementary Class <input type="checkbox"/> Junior High/ Advanced Junior High Class    *Both will be held only week 2(Aug 8 to Aug 12)	
Allergy	<input type="checkbox"/> Medicine ( ) <input type="checkbox"/> Food ( ) <input type="checkbox"/> 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?		
<input type="checkbox"/> Internet <input type="checkbox"/> Friend <input type="checkbox"/> Newspaper <input type="checkbox"/> DM <input type="checkbox"/> Other ( )		
Name of Parent / Guardian:		Signature:
Emergency Contact: ( ) —		
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:	

\* Please complete the payment within two weeks of your application.

\* Please note the Refund Policy below.

Full	14 days before the term starts.
50%	7 days 3pm before he term stars
Not refundable	After 7days 3pm before the term starts

★We have water activities. Only Elementary and Junior High students will play in the swimming pool. If your child is enrolled in the Elementary or Advanced Junior High class, please complete the "Swimming ability check sheet" below. Thank you.

I permit my child to attend the Swimming Activity.

Dates:

Signature:

**Swimming Ability Check Sheet**

NAME		Period	I • II • III	
		Grade	Height	cm
Swimming Experience	years	Health Condition		
Swimming Ability	m			

**Thank you for your cooperation.**