



シカモア日本語教室

Sycamore Japanese Language Class Registration Form

(Please print)

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|--|---|
| Name of Student: _____ (in Japanese) _____ Date of Birth _____ | Address _____ City, State, Zip _____ Phone _____ Cell Phone _____ E mail _____ |
| Name of Parent/Guardian: _____ | |
| Emergency Contact person: Name _____ Address _____ City, State, Zip _____ Phone _____ | Physician's information: Medical plan & ID # _____ Name _____ Phone _____ |

Please note and explain any condition(s) that may require special care, medication or dietary restrictions:

Parent - Guardian Authorization

(required for all children/youth under 18 years of age)

The person named herein has my permission to take Sycamore Japanese Language Class classes at Sycamore Congregational Church, 1111 Navellier Street, El Cerrito, CA. In the event that I cannot be reached in an emergency situation, I give permission to the physician selected by the Sycamore Japanese Language Class teacher or her equivalent in charge to hospitalize, secure proper anesthesia or order injection for the following child.

The name of your child _____

Signature of Parent/Guardian:

Print your name:

Date:

If there is any more information you wish to let us know, please note with the language of your choice:

