

# Winter School 2013 Information & Application Form

- ① Dates/Time      24 -27 December (4 days total)  
10AM - 3PM      (including 12:00 ~ 12:30 Lunch Time)  
Extra Daycare Service    15 : 00~18:00 (¥500/30 min.)
- ② Target/Capacity    2.5 years old ~ 6<sup>th</sup> Graders      3 ~ 8 Students Per Class
- ③ Place              English Studio Class Rooms
- ④ Fee (Tax Inc.)      ¥11,000.- for Returnee Class  
¥9,800.- for Non Returnee Class
- ⑤ What to Bring      Lunch, Drink, Towel, Writing Utensils etc.
- ⑥ How to Apply      Please fill in the Application Form and bring, fax, or mail it to the office.
- ⑦ Paying Method.    We will send you the bill as soon as the class is set.  
Please pay the fee by transferring to the bank account below, or bring it directly to the office by 14<sup>th</sup> December.
- <Bank Account>              Mitsubishi Tokyo UFJ Bank    Jiyugaoka Branch  
(Futsu -Normal-)    0123032  
English Studio LLC
- ⑧ Cancellation      Please notify that we do not refund the fee for the cancellation made after 14<sup>th</sup> December.
- ⑨ Contact Info. : English Studio  
〒158-0083    6-16-14 Okusawa, Setagaya-ku    Tokyo  
TEL : 03-5758-2491    FAX : 03-5758-2492  
Email: info@englishstudio.jp    URL: [www.englishstudio.jp](http://www.englishstudio.jp)

## English Studio Summer School 2013 Application Form

Family name

Given name

**Student Name** \_\_\_\_\_ **Sex** M / F **Blood Type** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ (Grade \_\_\_\_\_) **Parent or guardian** \_\_\_\_\_

**Address** 〒 \_\_\_\_\_

**Phone No.** \_\_\_\_\_ **FAX** \_\_\_\_\_

**Mobile** \_\_\_\_\_ **Email** \_\_\_\_\_

**Emergency Contact Person** Name \_\_\_\_\_ Relationship \_\_\_\_\_

For International School Student

**School Attending:** \_\_\_\_\_ **Grade from Sep.'13** \_\_\_\_\_

**Please check the box you would like to attend.**

<input type="checkbox"/>	24 Dec.	<input type="checkbox"/>	25 Dec.	<input type="checkbox"/>	26 Dec.	<input type="checkbox"/>	27 Dec.
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Family Doctor:	Phone:
Known health problems (eg. allergies)	
Is your child taking any medication on a regular basis? Yes No If yes, please list the name, type and dosage	
Does your child have any special needs or limitations that affect their taking part in any activities? Yes No If yes, please provide details	

### English Studio Medical Release Form (All information will be kept strictly confidential)

Do you give English Studio permission to administer external first aid to your child? ☐ Yes ☐ No

If I cannot be contacted to give my consent to emergency procedures, I hereby give my permission for English Studio to seek medical treatment for my son or daughter in case of injury or illness which is incurred during attendance at English Studio (this will be used only if we cannot contact you directly at the time of injury or illness).

I understand that it is my responsibility to notify English Studio of any changes in my son or daughter's health.

Parent or Guardian's signature: \_\_\_\_\_ Date (d/m/y): \_\_\_\_\_