

Wisdom Academy Application for Admission

| | | | | | | |
|-------------------------------|---|--------------|--|--|------------|--|
| Child's Name | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| Date of Birth | ____ / ____ / ____ (Month/Day/Year) | | | Age(____) | | |
| Enrolled School | (____) nursery school ▪ kindergarten | | | | | |
| Enrolled class | | | | | | |
| Lesson taking (Day ▪ Time) | ①(____) (____)Day (____ : ____)~(____ : ____) | | | | | |
| | ②(____) (____)Day (____ : ____)~(____ : ____) | | | | | |
| Address | 〒(____ - ____) | | Near Station(____)line (____)station | | | |
| Parents Name | | | Home Tel | | | |
| | | | Home Fax | | | |
| Emergency Contact #1 | Name | Relationship | Company | Contact Number | | |
| | | | | | | |
| Emergency Contact #2 | | | | | | |
| Sibling | Name | Relationship | Date of Birth | School (Age) | membership | |
| | | | ____ / ____ (Month/Day/Year) | | | |
| | | | ____ / ____ (Month/Day/Year) | | | |
| | | | ____ / ____ (Month/Day/Year) | | | |

Choice of membership

| | | | |
|----------------------------|-------------------------------------|----------------------|--------------|
| Proposed Date of Enrolment | ____ / ____ / ____ (Month/Day/Year) | | |
| membership | Day | pick up time | go home time |
| Reguler member | Mon | : | |
| | Tue | : | |
| | Wed | : | |
| | Thur | : | |
| | Fri | : | |
| Spot member | Spot use | (____)times /Month | |

Child's Medical Information

| | |
|------------|--|
| Blood Type | |
|------------|--|

| | | | | |
|--------------------|----|--|--|--|
| Normal Temperature | °C | | | |
|--------------------|----|--|--|--|

To the President

| |
|--|
| <p>Q1. Is there a history of serious illness, injuries or major operations? If yes, please provide details. Yes / No (details)</p> |
| <p>Q2. Does your child have any special medical conditions? If yes, please provide details. Yes / No (details)</p> |
| <p>Q3. Would your child be requiring medication that will be administered regularly in school? If yes, please provide details and instructions. Yes / No (details)</p> |
| <p>Q4. Is your child allergic to medication, food, bee stings or environmental allergens? If yes, please provide special instructions. Yes / No (details)</p> |
| <p>Q5. About immunization history, please check if it is already done.</p> <p><input type="checkbox"/> BCG <input type="checkbox"/> DPT <input type="checkbox"/> Rubella (German Measles) <input type="checkbox"/> MR</p> |
| <p>Q6. Do you have home doctor? Yes / No (details)</p> |
| <p>Q7. Please list any additional health related concerns that you wish to place on record regarding your child.</p> |

【Only for Regular Member】

Request time※have yet to be finalized

| | |
|-----------------|--|
| School → Wisdom | <input type="checkbox"/> use transportation service <input type="checkbox"/> Child will move by themself <input type="checkbox"/> Parents will take ther child |
| | Please write the pick up place. Please write the place where can wite for 30min.(ex) afterschool in the elementaryschool |
| wisdom → Home | <input type="checkbox"/> use transportation service <input type="checkbox"/> Child will move by themself <input type="checkbox"/> Parents will take ther child |
| | Please write the address of home. |

※Based on the root, in the case child have to wait maximam 30 min.
Please chose the place which it safe, in case weather is bad.
You can chose only one place to go home.

Wisdom Academy E-mail address registration

We will registration the following e-mail address

①Information from Wisdom Academy

Information about new lessons and other information from Wisdom Academy to parents.

※Often we attach the file, so we recommend to register the PC address.

②Remainder mail

We will send you e-mail the day before reservation to check the details.

I have read and agree to all terms as written in this agreement.

※We want you to check as soon as possible, so please register mobilephone address.

※Please check you can receive e-mail from @wisdom-academy.com

③Entering and leaving mail

We will send you w-mail when child enter and leave Wisdom Academy.

※If you want to check child, we recommended to register mobilephone address.

※Please check you can receive e-mail from @wisdom-academy.com

| Please write the e-mail address | | / / (Month/Day/Year) |
|---------------------------------|--|---|
| e-mail | | <input type="checkbox"/> information mail (PC recommended) <input type="checkbox"/> Remainder mail (mobilephone recommended) <input type="checkbox"/> Entering and leaving mail (mobilephone recommended) |
| | | <input type="checkbox"/> information mail (PC recommended) <input type="checkbox"/> Remainder mail (mobilephone recommended) <input type="checkbox"/> Entering and leaving mail (mobilephone recommended) |
| | | <input type="checkbox"/> information mail (PC recommended) <input type="checkbox"/> Remainder mail (mobilephone recommended) <input type="checkbox"/> Entering and leaving mail (mobilephone recommended) |
| | | <input type="checkbox"/> information mail (PC recommended) <input type="checkbox"/> Remainder mail (mobilephone recommended) <input type="checkbox"/> Entering and leaving mail (mobilephone recommended) |

Wisdom Academy

To the President

_____/_____/_____(Month/Day/Year)

certificate of consent

childs' name _____

Day of Birth ____/____/____(Month/Day/year)

I have read and agree to all terms as written in this agreement.

| | |
|--------------------------|---|
| <input type="checkbox"/> | I had informed and understand the Purpose of Utilization of the personal information |
| <input type="checkbox"/> | I consent for my child to be photographed and videotaped during program functions and field trips for members website and magazines |
| <input type="checkbox"/> | I have read and understood the Wisdom Academy policies and payment schedules. |

Parents Address _____

Relationship _____

Name _____ (印)