

Application form for Jelly Beans and Circle Stars

Year Month Date

Name of Parents	Mr. Mrs/		
Address	(Postal Code)		
	Home phone	Cell Phone	
Course (please circle one)	Jelly Beans	Circle Stars	
Name of your Child		male · female	
Date of birth	(MM/DD/YY) / / (year old)		
Current school			
(↓ ○ which course you wish to use) Course of use			
For Frequent Members	Number of days	days/week	
	AM :	~	PM :
	Days : ○ which day you wish to use →	Mon Tue Wed Thu Fri	
For Infrequent Members	times/month		
Start from	_____ Year	_____ month	_____ date
Stars student?	Yes	·	No
Need bus?	Yes	·	No
Need light meal?	Yes	·	No
Has allergies?	Yes	·	No

FAX:042-335-1169(Please return the form by fax and call the office/042-335-1170)

以下事務処理欄↓

Y		R		Letter		クラス表	
生徒情報		増減		テキスト		更新表	