



2017年 VJLS サマースクール 申し込み書 SUMMER SCHOOL REGISTRATION FORM

Name	Family name	Middle name	Given name						
フリガナ									
日本語 Japanese									
English									
生年月日 Date of birth	/Y	/M	/D	Age	Sex	M	F		
住所 Address				Telephone					
	City		Postal code		Fax#				
	E-mail				Cell#				
保護者名 Guardian(s)	Father			E/J		Mother		E/J	
			Date	Amount	Method				
1	<input type="checkbox"/>	July 10 - July 14		9:30A.M. - 1:30 P.M.					
2	<input type="checkbox"/>	July 17 - July 21		9:30A.M. - 1:30 P.M.					
3	<input type="checkbox"/>	Aug. 14 - Aug. 18		9:30A.M. - 1:30 P.M.					
4	<input type="checkbox"/>	Aug. 21 - Aug. 25		9:30A.M. - 1:30 P.M.					
	<input type="checkbox"/>	Drop in	Date:	9:30A.M. - 1:30 P.M.					

Note

Tuition Fee

\$280 / 2weeks (Early payment two weeks prior to the first day of the week is \$ 260 / 2weeks)
 \$150/ One week (Early payment two weeks prior to the first day of the week is \$ 140/ one week)
 \$ 38/ Day

キャンセル料に関して

*開始日2週間前までは無料、開始日1週間前までは1週間分のお申し込みにつき\$30、開始日1週間前から前日までは(全て土日を除く)半額、当日以降は全額をいただきます。

Refund Policy (Refund requests must be made during summer office hours (Mon. to Fri. 10-3))

*A full refund will be given if a refund request is made two weeks before the start of class

*A \$30 fee will be charged if a refund request is made one week before the start of class

*50% of the class fee will be refunded for a refund request made less than one week before the start of class

*No refund will be given for a refund request made on the first day of class

I, () have read and agree with the refund policy. Signature ()

緊急時の連絡先 Emergency contact

Name Phone number

アレルギー Allergies Yes No

どんなアレルギーですか? Type of allergy

学校内で撮影した写真を新聞、ホームページに掲載することがあります。 Permission to Use Personal Photos

() Agree (Signature) () そのつど確認希望。 Ask me each time. () Decline