

Japanese Children's Society, Inc. (JCS)

Student Registration Form

- ① Please complete the following sections (I ・ II ・ III ・ IV) for registration.
- ② Submit this form together with the \$50 registration fee to Japanese Children's Society, Inc.
 *Registration fees are non-refundable under any conditions.
 *Registration fee is unnecessary for those who have previously registered and paid for a different program. If you have already paid, check the box and write the registered program's name inside the parenthesis. ☐ ()
- ③ We will set a date for an entrance exam upon receiving your application if required.
 On this occasion, we will provide you with: (1) An "Entrance Exam Ticket", (2) An Early Developmental History Questionnaire (for the Preschool Department) or Educational Background Questionnaire (for the Elementary / Middle / High School departments). Please submit these forms along with (3) the \$60 exam fee.

I . Program (Check box or boxes of the programs you would like to join.)

If you apply for multiple programs, please indicate your first and second choices (1st Choice: _____ 2nd Choice: _____)

<input type="checkbox"/> Day School (NJ)	<input type="checkbox"/> After School (<input type="checkbox"/> NJ <input type="checkbox"/> Port Washington)	<input type="checkbox"/> Saturday School (<input type="checkbox"/> NJ <input type="checkbox"/> Manhattan <input type="checkbox"/> Port Washington)
<input type="checkbox"/> Sunday School(NJ)	<input type="checkbox"/> R/Lingo Learning Center (<input type="checkbox"/> Parent & Child Playgroup <input type="checkbox"/> Kirin Child Care <input type="checkbox"/> Home School System)	
<input type="checkbox"/> Friends Academy (<input type="checkbox"/> Tanpopo Preschool <input type="checkbox"/> Weekday Program <input type="checkbox"/> After School <input type="checkbox"/> Weekend School)		

II . Student Information

Date of Application (MM/DD/YYYY): _____

Name	First	Middle	Gender	Date of Birth	Current Grade
	Last		M F	/ / (MM/DD/YYYY)	<input type="checkbox"/> Nursery School(1-3yrs) PreK(<input type="checkbox"/> 3-4yrs <input type="checkbox"/> 4-5yrs <input type="checkbox"/> K(5-6yrs) <input type="checkbox"/> Elementary/Middle/High school: (Grade: _____)
Address					Grade Applying for
zip code()					<input type="checkbox"/> Nursery School(1-3yrs) PreK(<input type="checkbox"/> 3-4yrs <input type="checkbox"/> 4-5yrs <input type="checkbox"/> K(5-6yrs) <input type="checkbox"/> Elementary/Middle/High school: (Grade: _____)
Place of Birth (City, Town)		Home Phone	Cell Phone		<For NJ Day School & Kirin Child Care> *School bus is available for ages 3+. <input type="checkbox"/> <u>My child will be at least 3 years old when they begin riding the bus.</u>
Email Address					
@					
Current or previous school (name and location):					
Free Textbook Eligibility * Check the applicable box		MEXT (Ministry of Education, Culture, Sports, Science and Technology of Japan; Monbukagakusho) has adopted the system to provide school textbooks for compulsory education free of charge. We distribute textbooks to our students who have Japanese citizenship in accordance with the guidelines of MEXT's Free Textbook System. <input type="checkbox"/> Japanese Citizens (including those with multiple citizenships) <input type="checkbox"/> Non-Japanese Citizens (Non-Japanese Citizens are not eligible to receive free textbooks. Please purchase textbooks if needed.)			

III . Parent(s) or Guardian(s)

Name	Workplace (Company Name, Position, Address, and Phone)	Date of Arrival in the U.S.

IV . Agreement

At the time of enrolling _____, I hereby agree to obey JCS's(Japanese Children's Society, Inc.) educational and management policies. Furthermore, in the event of an emergency and when unable to contact the primary care doctor of the child, I give JCS permission to provide first aid treatment at minimum. During such an occasion, I allow JCS to cover any amount that is unable to be covered by my own health insurance.
 ※Parents/guardians are responsible for any emergencies that occur in the homeschool program.

Date: _____ Signature of Parent / Guardian: _____

入園・入学・編入に至る過程 Office Use Only

受付年月日	学籍登録料	審査試験料/手続き料	審査/試験/診断テスト予定日	実施日時	結果通知日	入園・入学可能日
	<input type="checkbox"/> \$50	<input type="checkbox"/> \$60				
備考	<input type="checkbox"/> 再審査試験料/手続き料\$40					

入園・入学・編入許可

許可日	許可サイン	備考
入園/入学/編入 年月日	クラス	担任氏名
備考 (兄弟姉妹氏名等)		