



## Enrollment Packet 1号申し込み書類

ふりがな

Name \_\_\_\_\_

Date of birth

生年月日 \_\_\_\_\_

Address: 長野県千曲市内川580-1

Phone: 080-4834-7703

Email: ake.academy@gmail.com

Website: [alphabetkidsenglish.com](http://alphabetkidsenglish.com)

Alphabet Kids is an international preschool providing  
childcare and education for kids ages 3-6.

Alphabet Kids インターナショナル保育園は3歳から5歳のお子さんの  
教育と保育をする地方裁量型認定こども園です。

# Alphabet Kids Enrollment Packet

## Basic Information

記入日  
Application Date \_\_\_\_\_

入園日 (通い始め1日目)  
Start Date (first day of school) \_\_\_\_\_

Child's name \_\_\_\_\_ M F

DOB生年月日 \_\_\_\_\_

Age \_\_\_\_ years \_\_\_\_ months

Child's nickname  
\_\_\_\_\_

子供名の英語綴り (名札や書き練習用)  
How would you like your child's name to appear on name tag/learn to write?  
\_\_\_\_\_

Address \_\_\_\_\_

Parent name \_\_\_\_\_ 続柄  
Relation \_\_\_\_\_

DOB生年月日 \_\_\_\_\_

Phone \_\_\_\_\_

Address (If different) \_\_\_\_\_

Parent name \_\_\_\_\_ 続柄  
Relation \_\_\_\_\_

DOB生年月日 \_\_\_\_\_

Phone \_\_\_\_\_

Address (If different) \_\_\_\_\_

Others living in household (pets too!)

Name/Age \_\_\_\_\_ Relation \_\_\_\_\_

# Alphabet Kids Enrollment Packet

## Child Information

Child's name \_\_\_\_\_

家庭で話される言葉

Language spoken at home  Japanese  English  Other \_\_\_\_\_

文化の習慣や宗教について園にお知らせしたいこと。(飲食できないもの、特別な服装など)

Are there any cultural or religious practices of your family we should be aware of? (dietary restrictions, clothing, head coverings, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

最近何か大きな変化を経験しましたか?(独り寝、離婚、ペットや知り合いの死、母の妊娠など)

Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member or pet, mom is expecting, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

性格や生活習慣について園にお知らせしたいこと。(恥ずかしがり、敏感、寝かしつけなど)

Are there personality and behavior characteristics that would be useful to know about your child? (shy, energetic, sensitive, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

お子さんが怖がるものはありますか?どのように反応し、また、どう対応していますか?

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

入園するにあたって心配なことや不安はありますか?

What might you and/or your child be anxious about as he/she starts in this program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

当プログラムへの期待をお聞かせください。

What are your expectations of this program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Alphabet Kids Enrollment Packet

## Participation and Tuition

Child's name \_\_\_\_\_

教育関連費 <u>Book Fee</u> (Please check one)		
年度一括 Yearly payment	¥ 30,000	<input type="checkbox"/>
(for April enrollees only)		
月払い Monthly payment	¥ 3,000/mo	<input type="checkbox"/>
<u>Tuition</u> (Please check one)		
教育利用 Mornings only 8:30~12:30	Free*	<input type="checkbox"/>
一日参加 Full day 8:30~15:30	¥ 10,000/mo	<input type="checkbox"/>
8:30~16:30	¥ 20,000/mo	<input type="checkbox"/>
延長保育 Late care		<input type="checkbox"/>
<small>(延長利用料金表参照)</small>		
<u>Lunch Fee</u> (Please check one)		
Mornings only	¥ 5,000/mo	<input type="checkbox"/>
Full day	¥ 6,000/mo	<input type="checkbox"/>
特定負担額 <u>Activities Fee</u>		
	¥ 2,000/mo	<input type="checkbox"/>

English Scholarship Program

Please check here if applying for the English Scholarship Program.

For qualifying applicants, Tuition, Lunch Fee, and Activities Fee may be waived or reduced.

登降園予定  
Drop off/Pick up Plan

Mon    \_\_\_ : \_\_\_ / \_\_\_ : \_\_\_  
 Tue    \_\_\_ : \_\_\_ / \_\_\_ : \_\_\_  
 Wed    \_\_\_ : \_\_\_ / \_\_\_ : \_\_\_  
 Thur    \_\_\_ : \_\_\_ / \_\_\_ : \_\_\_  
 Fri    \_\_\_ : \_\_\_ / \_\_\_ : \_\_\_

送迎者  
People Authorized for Pick up

Name \_\_\_\_\_  
 Phone \_\_\_\_\_

Name \_\_\_\_\_  
 Phone \_\_\_\_\_

Name \_\_\_\_\_  
 Phone \_\_\_\_\_

初月利用料合計額  
**First Month's Payment**

¥ \_\_\_\_\_

翌月以降利用料月額  
**Monthly Payment**

¥ \_\_\_\_\_