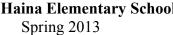
アフタースクール日本語プログラム

Japanese Reading/Writing After-School Program at Aina Haina Elementary School







Registration Form for NIJI (Rainbow) Class for Kindergarteners

Student's Name: (Last, First)		Room #:
Primary Contact Person's Name:	Relationship:	Contact Ph.:
Secondary Contact Person's Name:	Relationship:	Contact Ph.:
Third Contact Person's Name:	Relationship:	Contact Ph:
E-mail Address (please print):		
Would your child be able to attend the second 3:10 PM) becomes full? Yes No	Niji Class (Mondays, 3:15-4:0	0 PM) if the first class (Mondays, 2:25-
Check here if you prefer the second class	s (Mondays, 3:15-4:00 PM)	
When would not like up to good your abi	ld after the Tenence alone are	
Where would you like us to send your chi To A+ After-School Program.	id after the Japanese class every	y week?
To AH Parks/Rec Program. My chile	d may walk there by him/hersel	lf
	•	er out. Please sign out within 5 minutes of
class ending time. Other adults that i		
My child has my permission to		

	n emergency, an ambulance will be called to have your child taken to the hospital below vice must be assumed by the parents.
Name of Preferred Hospital	
Physician's Name:	Office Ph.:
Physical disabilities, allergi	es, or other information:
	child may be included in photographs or video which may or may not be displayed in es, etc. Please indicate your approval/disapproval with your initials:
	es, etc. Please indicate your approval/disapproval with your initials:
I agree to release from liab respective agents, employe	es, etc. Please indicate your approval/disapproval with your initials: