

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
 Spring 2013



**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 Niji Class (Mondays, 3:15-4:00 PM) if the first class (Mondays, 2:25-3:10 PM) becomes full?

Yes _____ No _____

____ Check here if you prefer the second class (Mondays, 3:15-4:00 PM)

Where would you like us to send your child after the Japanese class every week?

____ To A+ After-School Program.

____ To AH Parks/Rec Program. My child may walk there by him/herself.

____ Wait in the Foster Room until the adult(s) listed above signs him/her out. *Please sign out within 5 minutes of class ending time.* Other adults that may pick up my child are (name/relationship):

____ My child has my permission to _____

(NIJI Class, Page 2) Name of Student (Last, First) _____

If unable to contact you in an emergency, an ambulance will be called to have your child taken to the hospital below. Expenses for ambulance service must be assumed by the parents.

Name of Preferred Hospital: _____

Physician's Name: _____ Office Ph.: _____

Physical disabilities, allergies, or other information: _____

PHOTO and VIDEO: Your child may be included in photographs or video which may or may not be displayed in public, publications, websites, etc. Please indicate your approval/disapproval with your initials:

_____ APPROVE

_____ DO NOT APPROVE

I agree to release from liability Nihongo Hawaii or any other providers of services in connection herewith, their respective agents, employees, members, managers, and associates for any loss or damage suffered by me or any other person for whom I am legally responsible in connection with the services provided herein.

Parent Signature _____ Date _____