

## Registration Form 2018

Child's Name: \_\_\_\_\_

Age: \_\_\_\_ Birthdate (m/d/y) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Zip \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Phone/Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Phone/Cell Phone: \_\_\_\_\_

Car Number: \_\_\_\_\_

Allergies/Health Problems \_\_\_\_\_

School currently attending \_\_\_\_\_

### EMERGENCY CONTACT NUMBER:

*other than parents and their relationship to family*

### PARENT CONTRACT

1. I will pay fees in full before starting class.
2. I will not hold YUC or its staff liable for any personal injury my child will have while on the premises.
3. I consent to my child receiving emergency medical treatment at the nearest medical facility.
4. Signature \_\_\_\_\_
5. Date: \_\_\_\_\_

OFFICE ONLY

Date Received: \_\_\_\_ Amount \_\_\_\_\_



**HEALTHY CHILD POLICY:** Children should be fit & healthy when they attend school. If unwell, contact the office in the morning. If your child appears unwell at school you may be contacted to take him/her home.

### Daily Schedule for Camp YCS- Language Arts

**Reading & Writing**

**Spelling & Grammar**

**Crafts & Enrichment**

### What do you need to bring?

**Pencils, Eraser & Pencil Case**  
**Silent Reading Book**

**Indoor shoes**

**Lunch** (or order Cezar's kitchen)

**Swim Suit/Water Clothes &**  
**Towel**

**PLEASE LABEL ALL ITEMS**



**SUMMER TERM 2019**

**\*\*PRE-REGISTRATION  
BEGINS FEB. 4TH!\*\***

**LANGUAGE ARTS CAMP**

**(GRADES 2-5)**

**JUNE 17-JULY 5**

**9:30-2:30PM**



# SUMMER PROGRAM

## Full Day Program:

9:30AM-2:30PM

5 days a week only

Open to all students:  
past, present & future



## Language Arts Camp (2nd-5th)

\*Registration is due by **March 23**

{Before-/After-school Care; from 8:30am to 3:30pm }

66-2 Yamate-cho, Naka-ku, Yokohama  
Phone:045-651-5177 Fax:045-651-5191  
Email: [school@yokohamaunionchurch.org](mailto:school@yokohamaunionchurch.org)  
<http://www.yokohamaunionchurch.org>

Other programs at YUC:

**\*Summer Fun: 15th year**

July 8-226; 2.5-9 year olds

Contact: Sallie Inouye: 045-623-5787  
(not a YUC program)



	Fees
One Week	Y40,000
Two Weeks	Y70,000
Three Weeks	Y90,000

**Please pay in Yen by bank transfer or  
direct deposit to the account:**

**Bank:** Bank of Yokohama,  
Motomachi Branch

**Account:** Ordinary - 311-1518402

**Account Name:** Yokohama Union Church  
Yokohama Christian School

Please use the student's name: (Smith, Mary)

横浜銀行 元町支店

普通口座 : 311-1518402

横浜ユニオン教会横浜クリスチャンスクール



**My Child will attend**

(check choice)

**Full Day**

6/17-6/21 \_\_\_\_\_

6/24-6/28 \_\_\_\_\_

7/1-7/5 \_\_\_\_\_

**Registration fee** \_\_\_\_\_

**Total Fees due** \_\_\_\_\_ **yen**

**All fees must be paid in full by  
March 23. Payment must be received  
in advance. No refunds after May 15,  
2019.**

