Before and After School care is available from 8:30 to 3: 30 pm

Other summer programs are available for Elementary Kids (Please contact the school office for further details)

* Both YCS and Non-YCS kids are admitted

Language arts class For 8-11 years old



Yokohama Christian School

66-2 Yamate-cho, Naka-ku, Yokohama Phone:045-651-5177 Email: school@yokohamaunionchurch.org http://www.yokohamaunionchurch.org





HEALTHY CHILD POLICY: Children should be fit & healthy when they come to 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.

Camp Schedule

Experiment with nature, Group games, Outdoor Play, Arts & Crafts, AM & PM Circle Times, Stories, Chapel, Water play, Fun with Puzzles and blocks.

What to Bring?

Sun hat, Water bottle, Indoor Shoes, Extra mask, Shoes for water play, Change of clothes and Swim suit or Water clothes with towel and Lunch.

*Snacks and materials will be provided





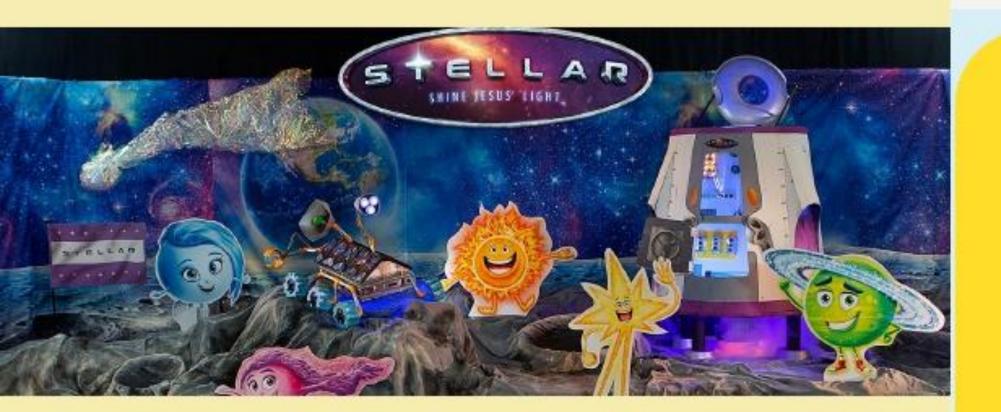


SUMMER SCHOOL 2023



JUN 19 - JUL 7 9.30 am-2.30 pm





Course Fee Details

Please select the course option you wish to enroll

Course	Dates	Fee	Mark (✔)
Week-1 Camp	19 Jun-23 Jun	¥ 40,000	
Week-2 Camp	26 Jun-30 Jun	¥ 40,000	
Week-3 Camp	3 Jul - 7 Jul	¥ 40,000	
Total Fee		¥	 Weeks

Additional fee of ¥10,000per week for kids until 2 years old







Registration Fees

3	Early bird registration	Feb 1 - Mar 17	¥ 2500
0	Regular registration	Mar 18 – May 31	¥ 5000
Ŏ	Last minute registration	After May 31	¥10000

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

Bank Name: Bank of Yokohama Motomachi Branch (311) Account Number: 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(支店番号311)

普通口座: 1518402

横浜ユニオン教会 横浜クリスチャンスクール.

Registration Form 2023

Age: Birth date (m/	/d/y)
Mailing Address:	
	Zip
Parent/Guardian Name:	
Phone/Cell Phone:	
Email Address:	
Father/Guardian Name:	
Phone:	
Car Number:	
Allergies/Health Problem	ns:
School currently attendi	ng:
EMERGENCY CONTACT N	NUMBER: other than parents:
PAREN	NT CONTRACT
	pefore starting class. I will not ble for any personal injury my
child will have while on t	the premises.
I consent to my child	receiving emergency medical
treatment at the neares	t medical facility.
Signature	<u> </u>
Date:	
	
For OFFICE LICE ONLY	
For OFFICE USE ONLY	

Amount_

Date Received: _