

SUMMER SCHOOL 2023

JUN 19 - JUL 7
9.30 am-2.30 pm

For 3-11 years old



**DON'T MISS
EARLY BIRD
REGISTRATION!**



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

*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>






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



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Registration Fees

 Early bird registration	Feb 1 - Mar 17	¥ 2500
 Regular registration	Mar 18 - May 31	¥ 5000
 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

Child's Name: _____

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 Problems: _____

School currently attending: _____

EMERGENCY CONTACT NUMBER: *other than parents:* _____

PARENT CONTRACT

I will pay fees in full before starting class. I will not hold YCS or its staff liable for any personal injury my child will have while on the premises.

I consent to my child receiving emergency medical treatment at the nearest medical facility.

Signature _____

Date: _____

For OFFICE USE ONLY

Date Received: _____ Amount _____