



## DIVE BELOW THE SURFACE TO BUILD A STRONG FAITH

Take kids deep into an amazing undersea adventure where they'll experience the ever-flowing, never-ending love of God. The kids will be immersed in the Word and discover what living water is really all about!



**SCAN THE QR CODE TO KNOW MORE!**

Before and After School care is available from 8:30 to 3:30pm.  
(Please contact the school office for further details)

\*Both YCS and Non-YCS kids are admitted



**WE HOPE TO "SEA" YOU HERE!**

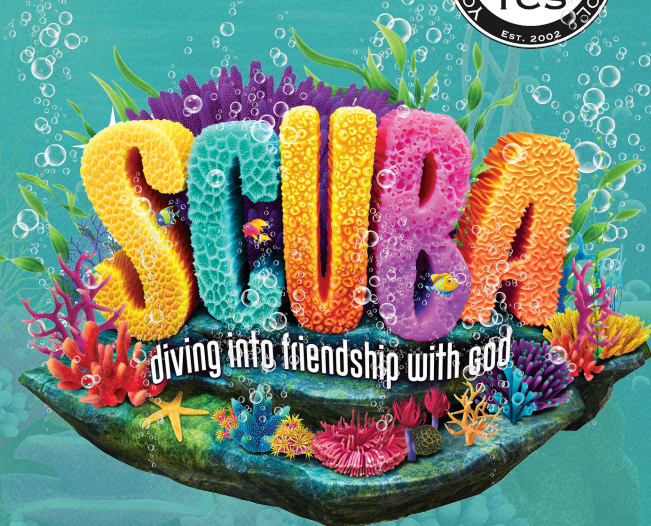
### Yokohama Christian School

66-2 Yamate-cho, Naka-ku, Yokohama

Phone: 045-651-5177

Email: [school@yokohamaunionchurch.org](mailto:school@yokohamaunionchurch.org)

<http://www.yokohamaunionchurch.org>



**YCS SUMMER SCHOOL 2024**

DON'T MISS THE EARLY BIRD REGISTRATION!

**For 3-11 years old**

**JUN 17 - JUL 5  
9:30am-2:30pm**



## Course Fee Details

Please select the course option you wish to enroll your child

Course	Dates	Fee	Mark (✓)
Week-1	17 Jun-21 Jun	¥ 40,000	
Week-2	24 Jun - 28 Jun	¥ 40,000	
Week-3	1 Jul - 5 Jul	¥ 40,000	
TOTAL FEE			Weeks




### Special Discounts:

For any **2 weeks** registration: **¥78,000**

For all **3 weeks** registration: **¥116,000**

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THE EARLY BIRD  
REGISTRATION!**

## Registration Fees

 Early bird registration	Feb 12 - Mar 14	¥2500
 Regular registration	Apr 1 - 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 (普通) 口座番号 311-1518402

ヨコハマユニオンキョウカヨコハマクリスチanskul

## Registration Form 2024

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

Age: \_\_\_\_\_ Birthdate(mm/dd/yy): \_\_\_\_\_

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

\_\_\_\_\_ Zipcode: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone/Cellphone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

Phone/Cellphone: \_\_\_\_\_

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

School and grade 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.

Please check the appropriate box:

☐ I give consent to YCS to take photos or videos for BOTH school viewing and website use.

☐ I give consent to YCS to take photos or videos for school use (classroom and yearbook) but NOT for website use.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For OFFICE USE ONLY

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