

Willowbrook Spring School Application form 2018

| | | | |
|---|---------------|------|-------|
| Child's Name | | | |
| Current Class | | | |
| Date of Birth | Month | Date | Year |
| | female / male | | |
| Mother's Name and phone | | | phone |
| Father's Name and phone | | | phone |
| Home Phone number | | | |
| E-mail address | | @ | |
| | extra | @ | |
| Home address | | | |
| Who will pick up your child if not the parents? Nannies need WIS ID. | | | |
| Does your child have any health concerns e.g. food allergies? | | | |
| Is there anything we need to know about your child? | | | |
| Emergency contact information in case parents can't be reached | | | |
| Name | | | |
| Phone number | | | |
| Relation <i>(grandparents, friend, etc)</i> | | | |

Please check ✓ under the date you would like your child to attend Spring school. For Sora Class, please write pick up time, for example 3pm.

If you would like half day (8:15-12:30, for Kaze, Yama and Yuki), please specify.

| | | | | |
|--------------|--------------|--------------|--------------|--------------|
| Mar 26 (Mon) | Mar 27 (Tue) | Mar 28 (Wed) | Mar 29 (Thu) | Mar 30 (Fri) |
| | | | | |
| Sora: until | Sora: until | Sora: until | Sora: until | Sora: until |

Please return this form to the office by **February 26th**. Thank you.

Email: wistokyo@gol.com Fax: 03-3449-9064