

Week 1	A	28 <sup>th</sup> June	29 <sup>th</sup>	30 <sup>th</sup>	7/1st	2 <sup>nd</sup>
	B	Morning	Morning	Morning	Morning	Morning
	C	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
	D	Hungry	Hungry	Hungry	Hungry	Hungry
		Full Day	Full Day	Full Day	Full Day	Full Day

Week 2	A	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>
	B	Morning	Morning	Morning	Morning	Morning
	C	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
	D	Hungry	Hungry	Hungry	Hungry	Hungry
		Full Day	Full Day	Full Day	Full Day	Full Day

Week 3	A	12 <sup>th</sup>	13 <sup>th</sup>	14 <sup>th</sup>	15 <sup>th</sup>	16 <sup>th</sup>
	B	Morning	Morning	Morning	Morning	Morning
	C	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
	D	Hungry	Hungry	Hungry	Hungry	Hungry
		Full Day	Full Day	Full Day	Full Day	Full Day

Week 4	A	19 <sup>th</sup>	20 <sup>th</sup>	21 <sup>st</sup>	22 <sup>nd</sup>	23 <sup>rd</sup>
	B	Morning	Morning	Morning	Morning	Morning
	C	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
	D	Hungry	Hungry	Hungry	Hungry	Hungry
		Full Day	Full Day	Full Day	Full Day	Full Day

Week 5	A	26 <sup>th</sup>	27 <sup>th</sup>	28 <sup>th</sup>	29 <sup>th</sup>	30 <sup>th</sup>
	B	Morning	Morning	Morning	Morning	Morning
	C	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
	D	Hungry	Hungry	Hungry	Hungry	Hungry
		Full Day	Full Day	Full Day	Full Day	Full Day

Week 6	A	8/2nd	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
	B	Morning	Morning	Morning	Morning	Morning
	C	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
	D	Hungry	Hungry	Hungry	Hungry	Hungry
		Full Day	Full Day	Full Day	Full Day	Full Day

Week 7	A	9 <sup>th</sup>	10 <sup>th</sup>	11 <sup>th</sup>	12 <sup>th</sup>	13 <sup>th</sup>
	B	Morning	Morning	Morning	Morning	Morning
	C	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
	D	Hungry	Hungry	Hungry	Hungry	Hungry
		Full Day	Full Day	Full Day	Full Day	Full Day

Week 8	A	16 <sup>th</sup>	17 <sup>th</sup>	18 <sup>th</sup>	19 <sup>th</sup>	20 <sup>th</sup>
	B	Morning	Morning	Morning	Morning	Morning
	C	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
	D	Hungry	Hungry	Hungry	Hungry	Hungry
		Full Day	Full Day	Full Day	Full Day	Full Day

# Sign Up FORM

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth:

Year \_\_\_\_/Month \_\_\_\_/Day \_\_\_\_

PAL/Seiwa Member: YES or NO

**Please complete the reverse side for NEW students**

Please circle the SESSION you would like to attend and submit the documents upon application. (ご参加希望の日にち、時間に○をつけてご提出ください。)(6か月~18か月以下の方はADのみ)



Sample below (例)

Week 1	30 <sup>th</sup> June	1 <sup>st</sup> July	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>
	Morning	Morning	Morning	Morning	Morning
	Hungry	Hungry	Hungry	Hungry	Hungry
	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
	Full Day	Full Day	Full Day	Full Day	Full Day

A	Morning Session	8:30-1:30pm
B	Afternoon Session	1:30pm-5:00pm
C	Hungry Session	11:30pm-5:00pm
D	Full Day Session	8:30am-5:00pm

Please total the number of days of attendance here.

You will be issued an invoice accordingly.

参加日数を数え、下の欄に日数をお書きください。請求書が発行されます。(エンペイ、お振込)

**Total Days of Attendance**

A	Morning	
B	Afternoon	
C	Hungry	
D	Full Day	





Permission Slip

園外活動の承諾書になります。近くの公園(筭公園、有栖川公園)に行くことがあります。

I hereby give PAL International School こちらにお子様のお名前をお書きください。  
permission to take my child (name): \_\_\_\_\_  
on a **field trip** or daily walks to the **park**.

署名  
Signature \_\_\_\_\_

日付  
Date \_\_\_\_\_

**PAL** International School has a web site at [www.pal-school.com](http://www.pal-school.com). On the web site will be information about our school for promotion purposes. To highlight the unique features of our school, we would like your permission to use your child's photograph on the web.

Of course, **no reference** would be given to your **child's name** or **address**.  
写真の掲載についての承諾書になります。パルインターナショナルスクールのHPなどに掲載いたします。

I \_\_\_\_\_ give my permission for  
保護者様のお名前をお書きください。  
PAL International School to use my child \_\_\_\_\_'s  
お子様のお名前をお書きください。  
photograph for promotional purposes.

署名  
Signature: \_\_\_\_\_

日付  
Date: \_\_\_\_\_



3-chome 7-15 Nishi-Azabu Minato-ku  
 Tokyo Japan 〒106-0031  
**TEL 03-5770-8166**  
**FAX 03-5770-8167**  
<http://www.pal-school.com>  
 e-mail [info@pal-school.com](mailto:info@pal-school.com)

**Emergency Medical Form (緊急連絡先)**

Child's Name (お子様の名前)			
Home Address (現住所)			
Home phone (自宅電話番号)		Father's work phone (父親勤務先電話番号)	
Cell phone (携帯電話番号)		Mother's work phone (母親勤務先電話番号)	
e-mail address (Eメールアドレス)			

**The parent to be called in case of emergency (緊急時の連絡優先順位):**

	Name (名前)	Cell Phone (携帯電話番号)	Relationship (続柄)
1 <sup>st</sup> choice (1番目)			
2 <sup>nd</sup> choice (2番目)			

**Please give the name of another person in case parents cannot be reached (保護者と連絡が取れない場合の連絡先):**

	Name (名前)	Phone (電話番号)	Relationship (続柄)
1 <sup>st</sup> choice (1番目)			
Address (住所)			
2 <sup>nd</sup> choice (2番目)			
Address (住所)			

**Physician to be called in case of emergency (緊急時の連絡医療機関):**

	Name (名前)	Phone (電話番号)
1st choice (1番目)		
2nd choice (2番目)		

**Please list below any medical conditions we should know about, including medications taken regularly. This information would be given to a doctor in case of an emergency.**  
 定期的に服用している薬などございましたら、ご記入ください。こちらの情報は緊急時に医師に提供されます。


**Signature (署名)**

**Date (日付)**



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 Fax 03-5770-8167  
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 e-mail: info@pal-school.com

## Vaccination Chart

Name:	
Date of Birth: (    /    /    )	Age:    year/s    months
Vaccinations    ワクチン	Date Given    接種日
Haemophilus Influenzae Type B    インフルエンザ菌b型(ヒブ)	(    /    /    )
Pneumococcal    肺炎球菌	(    /    /    )
Hepatitis B Virus    B型肝炎	(    /    /    )
Diphtheria, Pertussis, Tetanus, Polio    4種混合	(    /    /    )
BCG	(    /    /    )
Measels, Rubella    麻疹・風疹混合	(    /    /    )
Varicella    水痘	(    /    /    )
Japanese Encephalitis    日本脳炎	(    /    /    )
Diphtheria, Tetanus    2種混合	(    /    /    )
Human Papilloma Virus (HPV)    ヒトパピローマウイルス(HPV)	(    /    /    )
*Influenza    インフルエンザ	(    /    /    )
*Rota Virus    ロタウイルス	(    /    /    )
*Mumps    おたふくかぜ	(    /    /    )
<b>Other Information (reactions or reason for missing vaccination etc)</b>	
備考(接種後の反応や未接種の理由など)	
<b>Allergy Information: (kindly provide detailed information)</b> アレルギーに関して(詳細な情報をお願いいたします。)	
Parent's Signature: 保護者 署名	
Date Signed: 署名日	