

入園日 年 月 日 組 日 (半・全・D) コース  
 卒園日 年 月 日 組 日 (半・全・D) コース

Suika Preschool Application			Date _____
Child's Name		Birthday	
		/ / ( years months)	
Guardian's Name		Gender (Child)	
		Male · Female	
Address			
Home Phone ( ) -		E-mail	
Emergency:		Tel:( ) -	
Family Members			
Name	Relationship	Occupation (Address) or School	
		Company Name Position Address Company tel ( ) - Cell phone ( ) -	
		Company Name Position Address Company tel ( ) - Cell phone ( ) -	
★ Please check your request.			
< weekday classes > (Torrance only) ・ 2 days a week ( T,Th ) ・ 3 days a week ( M,W,F) ・ 5 days a week ( M·F )		< Saturday classes > ・ Half day ・ Full day ・ Day care ・ Torrance (Half day or Full day) ・ Santa Monica(Half day)	
< Experience in attending previous institutions > ・ Yes (Institution: ) ・ No ・			
< How did you know about this school? > ・ Advertisements ・ Pamphlets ・ Posters ・ From your friends ・ Web site ・ Others ( )			

<b>Name</b>		<b>Blood type</b>	
Health condition	Good • Fair • Bad (Why? )		
Past illnesses			
What kinds of food does the child dislike?			
Allergies?			
Food allergies?			
Who brought up the child?	Mother • Father • Grandfather • Grandmother Other( )		
What was the weight when the child was born?	Lb.	Ounces	
Is the child toilet trained?	Done( years months) • Not yet • In progress		
What kind of activity does the child like to do in these two environments?	Indoor		
	Outdoor		
What kind of books does the child like?			
What are the child's close friends' names?			
How is the child disciplined? (Give an example)			
Why did you choose this preschool?			
Do you have any request for accommodations?			
Any comments?			
<b>Application Fee \$ 30.00</b>	Check #	Date	Please enclose a check (pay to the order of Suika Education Inc. )