

For School Year: _____



APPLICATION FOR XPERIENCE! JAPANESE
Hop, Step, Nihongo!

Complete and mail this registration form with \$25 deposit to: Xperience! 1830 Sutter St., 2nd Floor, San Francisco, CA 94115

Student's Name _____
First Middle Last

Address _____ City _____ Zip _____

Date of Birth _____ Gender ___ School _____ Grade (as of Sept) ___

Are you Nihonmachi Little Friends' ASP family? Yes _____ No _____

Session:

_____ Kindergarten Monday 3:30-4:15 _____ First Grade Tuesday 3:30-4:15

_____ Second Grade Wednesday 3:30-4:15 _____ Third Grade Thursday 3:30-4:15

Parent(s)/Guardian(s) Information:

Parent/Guardian's name _____ Phone(H) _____ Phone(C) _____

Address _____ Email _____

Parent/Guardian's name _____ Phone(H) _____ Phone(C) _____

Address _____ Email _____

Emergency Information:

Contact person: _____ Phone _____

Name of child's doctor _____ Phone _____

Address _____

Insurance company _____ Insurance policy # _____

Medical condition _____

Any medication required _____

For School Year: _____

Policies:

The monthly fee is \$50. A calendar of classes and adjustments to fees based on holidays and winter/spring breaks for the current school year will be distributed at the first session. Payment is due by the second session of each month.

The first session begins the first full week of September and ends the last week of May.

Please call (415) 563-5801 or email info@xperience-ed.com if your child will not be attending a session.

Please give us 30 days notice if your child will no longer be attending.

Your \$25 deposit will be applied to May's fee, or retained to reserve your child's spot for the next school year.

Media Release:

There may be an occasion when your child's photograph or a videotape of an activity with your child will appear in our recruiting, promotional, and/or our publications by the Xperience LLC.

Please indicate if your child's photograph/videotape may be published for these purposes. If you have any questions, feel free to contact us.

_____ I give my consent for my child's photograph/video to be used for recruiting, promotional and/or publications during the _____ program year.

_____ I do NOT give my consent for my child's photograph/video to be published.

_____ I give limited consent for my child's photograph/video to be used.

(please list limitations)

Parent/Guardian Signature

Date