GREENWICH ROROSAL GAROEN SOMMER SCHOOL AFFEICATION FORM 2010										
APPLICANT INFORMATION										
Applying F		□bilingu	al Program	1	□2years Full □3-6 years F	times/week				
piedse c	HECK	☐ESL Program			☐ Full day					
Child's Name:										
Date of birth: Age:				□ Male □ Female Home Phone:						
Address:			/ igci			Tiome 1				
Currently enrolled school:						Grade:				
PARENT / GARDIAN 1 INFORMATION										
Name:										
Cell Phone: Email:										
Current employer:										
Employer address:										
Work phone:										
PARENT / GARDIAN 2 INFORMATION										
Name:										
Cell Phone: Email:										
Current employer:										
Employer Address:										
Work phone:										
ADDITIONAL EMERGENCY CONTACT										
Name:										
Home Pho	ne:		Ce	Cell phone: Email:						
COMMENTS, DIETARY RESTRICTION, MEDICATION										
		DA	TES (PLE	ASE CHECK WI	EKS YOUR CH	ILD IS APP	LYING) -JU	JLY 4TH SC	HOOL CLOS	ED-
Bilingual program	Term 1			Term 2		Term 3		Term 4		
	6/27-7/8			7/11-7/22		7/25-8/5		8/8-8/19		
ESL program	Term 1		Term 2	Term 3	Term 4	Term 5	Term 6	Term 7	Term 8	Term 1
	6/27-7/1		7/5-7/8	7/11-7/15	7/18-7/22	7/25-7/29	8/1-8/5	8/8-8/12	8/15-8/19	8/22-8/26
TOTAL T	ERMS:			-	1	1		1	1	

CREENWICH KOKUSAT CAKUEN SUMMER SCHOOL ARRITOR FORM 2016

- * Please submit an application form along with \$50 nonrefundable registration fee by May 1, 2016. The full amount of tuition is due by June 1, 2016. 5% discount will apply if paid in full by May15,2016.
- * Applicants are enrolled on a first come, first serve basis, and once classes are filled, we will close the registration.
- * Please fill out all documents and submit them 2 weeks before beginning of the summer classes.
- * Please understand all fees are non-refundable
- * PLEASE WRITE A CHECK PAYABLE TO: <u>JHC Foundation Inc</u>.

Address: Greenwich Kokusai Gakuen 521 E. Putnam Ave. Cos Cob, CT 06807

- * The school bus runs Rye, Harrison, and Mamaroneck.
- * After school care \$12/hour