

THE BROOKLYN NIJINOKAKEHASHI JAPANESE CULTURAL CENTER

ブルックリン虹のかけ橋日本語学校

2018-2019 年度入学申込書

Child's Full Name (English)

お名前 (日本語表記)

DOB (mm/dd/yy)

Home Address

The school he/she will be attending on weekdays in 2018-2019

Grade

Parent/Guardian Information

Parent/Guardian 1 Full Name:	

Email Address:	Home Phone:
_____	_____
Cell Phone:	Work Phone:
_____	_____
Parent/Guardian 2 Full Name:	

Email Address:	Home Phone:
_____	_____
Cell Phone:	Work Phone:
_____	_____

Why do you want your child to attend our center?

お子様を当校に入学させたいと思われた理由をお書き下さい。

**Please answer either in Japanese or in English.*

Payment Information

The application to for the 2018-2019 school year must be accompanied by a non-refundable \$40 application fee.

Please make checks payable to: **BNJCC**

Mail form and payment to:
Japanese School c/o The Brooklyn Waldorf School
11 Jefferson Avenue
Brooklyn, NY 11238

By checking here and signing below, I agree to register my child in THE BROOKLYN NIJINOKAKEHASHI JAPANESE CULTURAL CENTER for the 2018-2019 school year, and I agree to pay the registration fee.

Signature:

Date:
