

THE BROOKLYN NIJINOKAKEHASHI JAPANESE CULTURAL CENTER

ブルックリン虹のかけ橋日本語学校

2018-2019年度親子教室申込書

Child's Full Name (English)

お名前 (日本語表記)

DOB (mm/dd/yy)

Home Address

Parent/Guardian Information

Parent/Guardian 1 Full Name:	
<hr/>	
Email Address:	Home Phone:
<hr/>	<hr/>
Cell Phone:	Work Phone:
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Parent/Guardian 2 Full Name:	
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Email Address:	Home Phone:
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Cell Phone:	Work Phone:
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What made you interested in attending the parent child class at BNJCC?

ブルックリン虹の架け橋日本語学校の親子教室に興味を持たれた理由をお書き下さい。

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

Payment Information

The registration form must be accompanied by a non-refundable payment of **\$255** (\$20 registration fee, \$210 participation fee, \$25 facility fee).

Please make checks payable to: **BNJCC**

Mail form and payment to:

Brooklyn Nijinokakehashi Japanese School % 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.

Signature:

Date:
