

# Soen English Preschool

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URL: <http://www.soenenglish.org> Email: [preschool@soenenglish.org](mailto:preschool@soenenglish.org)

## Preschool application form (2008-2009)

### 申込書

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Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(園児名) (誕生日)

Gender (Circle One):      Male                  Female  
(性別)                      (男の子)                  (女の子)

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Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(園児名) (誕生日)

Gender (Circle One):      Male                  Female  
(性別)                      (男の子)                  (女の子)

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Class Name (ご希望のコースに印をつけて下さい。)

Full time preschool

One Day Preschool

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Mother's Name: \_\_\_\_\_  
(保護者氏名 (母))

(勤務先住所)

Work Phone: \_\_\_\_\_  
(勤務先電話番号)

Mobile Number: \_\_\_\_\_  
(携帯電話)

Father's Name: \_\_\_\_\_  
(保護者氏名 (父))

Work Phone: \_\_\_\_\_  
(勤務先電話番号)

Mobile Number: \_\_\_\_\_  
(携帯電話)

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Home Address: \_\_\_\_\_  
(住所)

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Home Phone: \_\_\_\_\_  
(電話番号)

Home Fax: \_\_\_\_\_  
(ファックス番号)

Email Address: \_\_\_\_\_  
(Eメールアドレス)

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In Case of Emergencies, if you are unavailable whom should we contact?

(緊急連絡先 (保護者以外を教えてください))

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
(氏名) (園児との関係)

Phone: \_\_\_\_\_  
(電話番号)

Medical Problems or Limitations: \_\_\_\_\_  
(健康状態 (アレルギー等))

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List any medications taken, if any, in this area. (お薬をご使用の場合こちらに明記してください)

Toilet Trained? \_\_\_\_\_  
(トイレトレーニングはお済ですか?)

Please use the area below for any additional comments that will help us understand your child. Include likes and dislikes as well as favorite toys, games, characters, books, videos etc:  
(その他お子様に関する事で何かありましたら以下のスペースにお書きください)

Please provide information on what you do not want your child to eat or drink. Include any food allergies: (食べ物や飲み物でアレルギー等お持ちでしたらお下記ください。)

We, as parents/guardians of the applicant, acknowledge that the information provided is true and correct, and hereby make application for our child to attend Soen English Preschool. (願書を提出するにあたり、保護者として上記の記載に偽りのないことを証明します。)

The entry fee is enclosed.  
入学金を添えて申し込みます。

\_\_\_\_\_  
Parents Signature (保護者のサイン) Date: \_\_\_\_\_  
(日付)

\_\_\_\_\_  
Parents Signature (保護者のサイン) Date: \_\_\_\_\_  
(日付)

保護者様からお預かりした個人の情報は、第3者に提供することや、本来の目的以外に使用することは、決して致しません。