
Last Name (Print)

SUZUME NO GAKKO
PRE-REGISTRATION PARENT AGREEMENT
(Please use a black or blue ballpoint pen)

Yes, I wish to reserve the following spot(s) for the 2007 Suzume no Gakko school session. Enclosed is a check for the \$125.00 (of which \$50.00 is non-refundable) registration fee for each child listed below. Remaining \$125.00 is due in May 2007.

Child's name (include Japanese name)

Suzume No Gakko grade level in 2007

Address

City

Zip

Phone #

Mother/Guardian Name

Father/Guardian Name

Email

Second Child's name (if applicable; include Japanese name)

Suzume no Gakko grade level in 2007

Do you have a younger child who will be eligible for Suzume no Gakko in June 2007 as an incoming first grader?

Yes No

I hereby agree to allow my child/children, who are listed above, to participate in the SUZUME NO GAKKO PARENT PARTICIPATION SUMMER SCHOOL PROGRAM, to be held at the Wesley Methodist Church,

Monday, June 18, 2007 through Friday, July 6, 2007,
from 8:45 A.M. until 12:00 Noon.

I will:

- 1) serve on a Primary Committee and complete the required assignments as requested by the Committee Chairperson or designee;
- 2) participate on a Secondary Committee (e.g., Nikkei Matsuri, Family Picnic, or Open House);
- 3) work at Suzume no Gakko one day as a Floater and one day in the Classroom per child enrolled in Suzume no Gakko (2 work days for one child, 3 work days for two children, and so forth), and complete all tasks listed on work day cards.

I:

- 1) understand the program participation requirements, agree to meet them, and am willing to stand by this commitment;
- 2) have read the policy manual and agree to abide by the requirements listed therein, and understand that signing this form represents a commitment to participate and cooperate in the required support of the program;
- 3) understand that failure to meet these requirements will necessitate the expulsion of my child/children's enrollment in the Suzume no Gakko Parent Participation Summer School Program, and further, pre-enrollment privileges will be revoked;
- 4) acknowledge that I am not to delegate these responsibilities to individuals who are not Suzume no Gakko members;
- 5) understand and agree, that my child/children is/are not covered by medical insurance under Suzume no Gakko.

*Signature of Parent/Guardian

Date

*Signature of Parent/Guardian

Date

*If there is only one parent signature then that parent accepts full responsibility.