



Mirai Nihongo Gakuin

2024-25 Children's Course Registration

Student(s) Information		
Child 1		
First Name	Last Name	
How should we call him/her in the class? (Nickname or middle name etc.):		
Entering Grade (September 2024)	Age	<input type="checkbox"/> M / <input type="checkbox"/> F
Birth Date: MM/DD/YYYY		
Does the child have any Allergies? <input type="checkbox"/> N/A <input type="checkbox"/> YES (If yes, please give us details.)		
Is your child currently taking medication? <input type="checkbox"/> N/A <input type="checkbox"/> YES (If yes, please give us details.)		
Leaning Japanese experience (please give us details, if applicable):		
Child 2 (if applicable)		
First Name	Last Name	
How should we call him/her in the class? (Nickname or middle name etc.):		
Entering Grade (September 2024)	Age	<input type="checkbox"/> M / <input type="checkbox"/> F
Birth Date: MM/DD/YYYY		
Does the child have any Allergies? <input type="checkbox"/> N/A <input type="checkbox"/> YES (If yes, please give us details.)		
Is your child currently taking medication? <input type="checkbox"/> N/A <input type="checkbox"/> YES (If yes, please give us details.)		
Leaning Japanese experience (please give us details, if applicable):		

Parents/ Guardians Information			
Parents / Guardians			
First Name	Last Name		
Day time contact No.	Cell Phone No.		
Email address:			
Mailing Address:			
_____	_____	_____	_____
Street	City	State	Zip Code
Emergency contact			
First: Name/ Relationship/ number			
Second: Name/ Relationship/ number			
Other information		*Will try to reflect these in class contents	
Preference			
<input type="checkbox"/> In-person program <input type="checkbox"/> online program <input type="checkbox"/> other (_____)			
If you are new family to Mirai Nihongo Gakuin, how did you get to know about us?			
<input type="checkbox"/> Internet Research (google, yelp, other _____) <input type="checkbox"/> Mirai Nihongo Gakuin or PJCI website			
<input type="checkbox"/> From family or friends (_____) <input type="checkbox"/> Living close to the campus			
<input type="checkbox"/> Flyer or advertisement (_____) <input type="checkbox"/> other (_____)			
The purpose of learning Japanese?			
<input type="checkbox"/> Having Japanese background <input type="checkbox"/> Want to get familiar with Japanese culture, people, or history			
<input type="checkbox"/> Involving Japanese activities (martial arts etc.)			
<input type="checkbox"/> Going to visit Japan in the near future (when? _____)			
<input type="checkbox"/> Other (_____)			



Parent Permission & Media Release Form

Parent Permission

I certify that my child, _____(print name), is healthy and free of problems that could be deleterious to his / her participation in Mirai Nihongo Gakuin Children's program. In case of injury, I wish to be contacted as soon as possible at the telephone number listed above. If I cannot be reached, please contact the emergency number that I have listed above.

I also give Mirai Nihongo Gakuin permission to treat my child in the event of an emergency if I or the emergency contact cannot be contacted. In the event of serious illness or injury, and so that my child may be sent to the local hospital via ambulance, I understand that I am responsible for all charges either through health insurance or otherwise.

Pediatrician's Name and Telephone: _____

Media Release

I authorize Mirai Nihongo Gakuin to record my child _____(print name) image and voice who participating in Mirai Nihongo Gakuin Children's program.

I understand and agree that these audio, video, film, and print images may be edited, duplicated, distributed, reproduced, broadcasted, and reformatted in any form and manner without payment of fee in perpetuity.

I also give permission to Mirai Nihongo Gakuin to use the photographs, audio, and video of my child for promotional purposes, including but not limited to the Mirai Nihongo Gakuin web site, Annual Report, Newsletter, Summer Camp Guide, and other marketing and communication materials.

***Please note Mirai Nihongo Gakuin will not post student's face on media, even if we use your child's image and voice.**

I do authorize.

I do not authorize.

Signature _____ **Relationship to child** _____ **Date** _____