



光の学校

Hikari no Gakko



MIDDLE SCHOOL PROGRAM 2015 Registration Form

Child(ren) Name: _____ Japanese Name * _____
 Last First M.I. *if child doesn't have a Japanese name, one can be chosen on the first day of Gakko.

Sex _____ Date of Birth _____ Status: New / Returning Student

_____ Grade in Fall 2015 _____
 Name of School City

_____ Japanese Name * _____
 Last First M.I.

Sex _____ Date of Birth _____ Status: New / Returning Student

_____ Grade in Fall 2015 _____
 Name of School City

_____ Japanese Name * _____
 Last First M.I.

Sex _____ Date of Birth _____ Status: New / Returning Student

_____ Grade in Fall 2015 _____
 Name of School City

_____ Japanese Name * _____
 Last First M.I.

Sex _____ Date of Birth _____ Status: New / Returning Student

_____ Grade in Fall 2015 _____
 Name of School City

Primary Home Address _____ City _____ State _____ Zip _____

Phone # _____ Cell # _____ Alternate # _____

In an attempt to "go green," Hikari no Gakko would like to send all further communications via email so please add **hikarinogakko_salinas@yahoo.com** to your address book.

Email address _____

Secondary Home Address _____ City _____ State _____ Zip _____

Phone # _____ Cell # _____ Alternate # _____

Email address _____

Permission to include in Student Directory: Phone (yes or no) _____ Address (yes or no) _____ Email (yes or no) _____

Ancestors Prefecture _____

Generation in U.S.A. _____

Name of Mother/Guardian _____

Daytime Phone _____

Name of Father/Guardian _____

Daytime Phone _____

Registration: \$100.00 per student Deadline: April 1st, 2015

Medical Information

Physician _____ Business Phone _____

Dentist _____ Business Phone _____

Orthodontist _____ Business Phone _____

Child's Name: _____ Allergies and/or Pertinent Medical Information _____

Child's Name: _____ Allergies and/or Pertinent Medical Information _____

Child's Name: _____ Allergies and/or Pertinent Medical Information _____

Child's Name: _____ Allergies and/or Pertinent Medical Information _____

Emergency Information

Person to contact when parents cannot be reached.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

My child's T-shirt size:

_____ Youth Large Adult Small Adult Medium Other _____
Student's Name

_____ Youth Large Adult Small Adult Medium Other _____
Student's Name

_____ Youth Large Adult Small Adult Medium Other _____
Student's Name

_____ Youth Large Adult Small Adult Medium Other _____
Student's Name



2015 Parent Consent and Release

I, _____, am the parent or legal guardian of:

Child's Name

Child's Name

Child's Name

Child's Name

I wish to enroll my child in the Hikari no Gakko Middle School Japanese Cultural Summer Program (the "Program") to be held from June 15, 2015 to June 26, 2015, and conducted upon the property owned by the Buddhist Temple of Salinas. I understand that the organizing committee of the Program, and each of the teachers and assistants of the Program are volunteers. I further understand that the Buddhist Temple of Salinas is not affiliated with, and is not a sponsor, of the Program.

By signing below, I hereby release the Hikari no Gakko parents' committee, each volunteer parent participant, each volunteer teacher, each volunteer teacher's assistant, and the Buddhist Temple of Salinas, and its members, directors, officers and agents (collectively "Released Parties) from any and all liability, damages or losses of any kind arising from my child's participation in the Program. I agree to and hereby do indemnify the Released Parties and shall hold the Released parties harmless from all losses, claims, expenses, damages or liabilities of any kind, including attorney's fee, arising from or in connection with my child's participation in the Program.

I also state that I have received and read the 2015 Hikari no Gakko Policies and Information and I agree to abide to the rules and regulations as stated. I understand that if I do not fulfill the stated requirements, or comply with the stated rules and procedures, my child can be withdrawn from the Program.

Signature: _____ Date: _____

Print Name: _____



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2015 Photograph Release Form

Student's Name

Student's Name

Student's Name

Student's Name

In consideration of enrollment in the Hikari no Gakko 2015 Middle School Program, I hereby give Hikari no Gakko, a California non-profit corporation, and its directors, staff and volunteers (collectively "Hikari no Gakko"), permission to photograph or video tape my child during his or her participation in the Hikari no Gakko program and related school event, including without limitation photographs or video of my child's artwork and projects. Further, I give my permission to Hikari no Gakko to use, reproduce, distribute, publish and/or sell to others any and all such photographs or video for any purposes, including but not limited to advertising, commercial or non-commercial purposes. I understand that Hikari no Gakko reserves the right to distribute and post the photographs or video on the internet and other forms of print media.

I, on behalf of my child, myself, and our heirs, relinquish and give to Hikari no Gakko, all rights, title and interest that I may have in the photographs, negatives, reproductions, video or copies of the originals.

Print Name of Parent or Legal Guardian

Date

Signature of Above Named Parent or Legal Guardian



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2015 BEHAVIOR DISCLOSURE

I understand and acknowledge if my child exhibits disruptive behavior, I will be notified. A special meeting will be arranged between the child, the parent, teacher, Directors and a board member. Alternatives and corrective measures will be discussed with the goal of reaching a mutually acceptable solution. If the problems persist, Hikari no Gakko reserves the right to dismiss this student from the program.

I have read, understood and agree to the terms of the above Behavior Disclosure.

Parent Name (Print)	Signature	Date
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I have read, understood, and agree or my parents have explained to me the requirements for behavior and continued participation in Hikari no Gakko. **Signature of each registered child is required.**

Student Name (Print)	Signature Of Student	Date
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Student Name (Print)	Signature Of Student	Date
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Student Name (Print)	Signature Of Student	Date
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Student Name (Print)	Signature Of Student	Date
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2015 Kakehashi Checklist

_____ Mail registration packet by April 1, 2015 to: Hikari no Gakko
820 Park Row #411
Salinas, CA 93901

_____ I have enclosed my registration check. (\$100/student)

Check #: _____ Date on Check: _____ Check Amount: _____

No Cleaning Deposit Check is required with students enrolling only in Kakehashi class.

_____ I have read and understood the 2015 Policies and Information packet.

_____ I have read and signed the 2015 Consent and Release, and listed each child.

_____ I have read and signed the Photography Release and listed each child.

_____ My child(ren) and I have read and signed the Behavior form. **(Signature of each registered child required.)**

Name of Parent

Date

Name Of child

Name Of Child

Name Of child

Name Of Child