



光の学校

Hikari no Gakko



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 (Circle One): New / Returning Student Gakko Grade in 2014 _____
 _____ Grade in Fall 2015 _____

Name of School _____ City _____

_____ Japanese Name * _____
 Last First M.I.

Sex _____ Date of Birth _____ Status (Circle One): New / Returning Student Gakko Grade in 2014 _____
 _____ Grade in Fall 2015 _____

Name of School _____ City _____

_____ Japanese Name * _____
 Last First M.I.

Sex _____ Date of Birth _____ Status (Circle One): New / Returning Student Gakko Grade in 2014 _____
 _____ Grade in Fall 2015 _____

Name of School _____ City _____

_____ Japanese Name * _____
 Last First M.I.

Sex _____ Date of Birth _____ Status (Circle One): New / Returning Student Gakko Grade in 2014 _____
 _____ Grade in Fall 2015 _____

Name of School _____ City _____

_____ Japanese Name * _____
 Last First M.I.

Sex _____ Date of Birth _____ Status (Circle One): New / Returning Student Gakko Grade in 2014 _____
 _____ Grade in Fall 2015 _____

Name of School _____ City _____

_____ Japanese Name * _____
 Last First M.I.

Sex _____ Date of Birth _____ Status (Circle One): New / Returning Student Gakko Grade in 2014 _____
 _____ Grade in Fall 2015 _____

Name of School _____ City _____

Primary Home Address _____ City _____ State _____ Zip _____

Phone # _____ Cell # _____ Alternate # _____

Email address _____ If this email is checked regularly, would you like to receive notices from Hikari no Gakko via email? YES or NO

Secondary Home Address _____ City _____ State _____ Zip _____

Phone # _____ Cell # _____ Alternate # _____

Email address _____

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

Ancestors Prefecture _____ Generation in U.S.A. _____

Name of Mother _____ Daytime Phone _____

Name of Father _____ Daytime Phone _____

Registration: \$225.00 per student Deadline: April 1st, 2015

Returning Students: \$250.00 per returning student after April 30, 2015

Medical Information

Physician _____ Business Phone _____

Dentist _____ Business Phone _____

Allergies & Medical Information:

_____ 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 _____
Child's Name _____

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

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



2015 Commitments/Volunteer Information

FAMILY COMMITMENTS:

This year the Commitments/Volunteer Forms has been replaced by the online tool, Sign-Up Genius, at signupgenius.com. Please refer to the Sign-Up Genius attachment regarding information on how to use the website to sign-up for a work day shift (one per child) and a committee (one per family).

Work Day Shift: Each family must work one day per child/student enrolled. For additional details, please refer to the Family Commitments section of the Policies and Information.

Committee: In addition to a Work Day Shift per child, **each family is required to serve on at least one committee.** Please refer to the Family Commitments section of the Policies and Information package for details.

Committees:

Snacks for Volunteers/Teachers	Open House Set-Up
Market Place	Open House Evening Help
Cooking	Fundraising
Cooking: Mochi Tsuki	Arts & Crafts
Open House A.M. Set-up	Photography

CLOSING OF SCHOOL: Saturday June 27, 2015 – MANDATORY. Please be at the school by 9:00 a.m.

Skills Summary

The Hikari no Gakko would like an inventory of our resources. Share your special interests, talents, knowledge and hobbies with us! Please circle all that apply. Arigato!

Skills

Cooking	Tea Ceremony	Wood Work	Japanese Music/Dance	Ikebana/Bonsai
Paper Making	Tools	Teaching	Silk Screening	Origami
Sewing	Theatre Production	Computer	Calligraphy	Martial Arts
Piano	Photography	Scrapbooking		

Resources

Bamboo	Large paper cutter	Kiln/Access to kiln
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Knowledge/Experiences

Fundraising	Liability Insurance	Advertising	Japanese/American History
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Other pertinent hobbies, interests and/or experiences _____

ARIGATO!



2015 Parent Consent and Release Form

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

Child's Name

Child's Name

Child's Name

Child's Name

Child's Name

Child's Name

I wish to enroll my child(ren) in the Hikari no Gakko Japanese Cultural Summer Program (the “Program”) to be held from June 15, 2015 through 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 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 Or Legal Guardian Name (Print)	Signature Of Parent Or Legal Guardian	Date
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I have read, understood, and agreed 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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Student Name (Print)	Signature Of Student	Date
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Student Name (Print)	Signature Of Student	Date
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2015 Photograph Release Form (Each registered child must be listed)

Student's Name _____ Student's Name _____

Student's Name _____ Student's Name _____

Student's Name _____ Student's Name _____

In consideration of enrollment in the Hikari no Gakko 2015 Summer 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.

Date _____

Print Name of Parent or Legal Guardian

Signature of Above Named Parent or Legal Guardian



2015 Registration 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. (\$225/student. After April 30th, 2015, \$250/student for **returning** students only.)

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

_____ I have enclosed my (separate) cleaning deposit check (One per family).

Check #: _____ Date on Check: _____ Check Amount: \$200

_____ 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.

_____ My child(ren) and I have read and signed the 2015 Behavior form.

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

_____ I understand that the April 1st, 2015 is the registration deadline and the registration is not complete until I have signed up for one work day per child attending and one committee (per family) on **Signupgenius.com**.

 Name of Parent(s) _____
 Date

 Name of Child _____
 Name of Child

 Name of Child _____
 Name of Child

 Name of Child _____
 Name of Child