

# ベルビューじゃぱん倶楽部 入会申込書

Bellevue Japan Club Class Registration

ご記入日 年 月 日 / 受講開始日 年 月 日

フリガナ

Today's date

/desired class start date

入会者のお名前

ローマ字

Last, First Name

生年月日

年 月 日

年齢 才

性別: 男 女

Birthdate

age

M/F

保護者氏名

メールアドレス

Parents' Name(s)

E-Mail

電話番号: 自宅( ) -

携帯( ) -

Home Number

Cell Number

勤務先

勤務先電話( ) -

Workplace /Company

Work Number

住所

Home Address

WA

●会員名簿へのご協力をお願い Japan Club Directory

ご記入いただいたメールアドレスはじゃぱん倶楽部会員の連絡用として会員名簿に記載されます。

I allow my email to be included in the Japan Club Directory. (同意します 同意しません) ※○で囲んで下さい  
include do not include Please circle

●写真の掲載に関する承諾のお願い Photo Permission

インターネットや広告で使用する当校の活動に関わる写真の肖像について事前にご承諾頂ければ幸いと存じます。

I give/do not give Permission for Bellevue Japan club to use photos of my child or myself for use including but not limited to:  
internet and print ads; brochures and school related events. (承諾します 承諾しません) ※○で囲んで下さい  
give do not give Please circle

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[希望するクラス]

学年: ( )

曜日: ( )

入会費 \$60

Requested Class

Grade

Day of week (Mon/Tues etc.)

(One Time) Registration Fee

科目: 算数理科実験、体操・ヒップホップ、ロボットサイエンス、手習い・読み書き、こども絵画、どれみ音楽、英語がよめるフォニックス、とっくん英文法、寺小屋そろばん、算数博士。 Subjects: Math/Science Experiment, P.E. & Hip Hop Dance, Robotics Science, Penmanship/Reading/Writing, art, music, English phonics, English grammar/essay writing, abacus, Dr.Math

大人の教室 ( )

、その他 ( )

Adult Class

other/not listed

受講料 1 講座 \$100 ※2 講座目 \$80、3 講座目以降は \$60 になります。

Class Fee per month for first class is \$100, 2<sup>nd</sup> class is \$80, 3<sup>rd</sup> class is \$60.

合計 \$

Total

- ❖ 入会費および最初の月の受講料はお申し込みの際に Bellevue Children's Academy 宛でのチェックにてお支払い下さい。翌月以降は銀行より自動引き落としになります。Please submit your registration fee and 1<sup>st</sup> month class fee by check made out to Bellevue Children's Academy. Fees will be deducted automatically by ACH from the 2<sup>nd</sup> month unless notified.
- ❖ 1ヶ月以上の休会・退会は、必ず前の月の月末までに(例えば6月末で休会する場合、或いは7月からは別のクラスに変更を希望する場合、5月31日になります) info@bellevuejapanclub.com までメールにてお知らせ下さい。For cancelations and stop payments of one month or more, please e-mail [info@bellevuejapanclub.com](mailto:info@bellevuejapanclub.com) 2 months prior to the end date. Example: If you are attending classes to 6/30 and will not be attending July, email your cancelation by 5/31.)

本人または保護者のサイン

Signature

※お預かりした個人情報は安全性確保のため、ベルビューじゃぱん倶楽部で登録管理し、ベルビューじゃぱん倶楽部の活動以外には一切使用いたしません。Your registration information will remain confidential and not used outside of Bellevue Japan Club.



# Bellevue Children's Academy

## Student Medical Information for Japan Club

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### MEDICAL HISTORY:

Does your child have any allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any special needs? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", please explain: \_\_\_\_\_  
\_\_\_\_\_

Please list or explain any health concerns of which we should be aware: \_\_\_\_\_  
\_\_\_\_\_

Student Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby grant permission to Bellevue Children's Academy for my child to be transported to and treated by the nearest hospital in a medical emergency in which parent/guardians cannot be reached.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### EMERGENCY CONTACTS:

Please list persons to be contacted in case of emergency in the event parents/guardians cannot be reached:

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**Other pertinent information:** \_\_\_\_\_

Signature: \_\_\_\_\_  
(Father or Legal Guardian)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Mother or Legal Guardian)

Date: \_\_\_\_\_



# ACH Origination Agreement

## AUTHORIZATION AGREEMENT FOR ACH DEBITS AND ACH CREDITS

Parent/Guardian Name: \_\_\_\_\_

Student(s) Name(s): \_\_\_\_\_ Grade: \_\_\_\_\_

I (We) hereby authorize and direct Bellevue Children's Academy to initiate a transfer of funds between my (our) checking/savings accounts indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account on the dates indicated in the selected payment plan. I (we) acknowledge that the origination of the ACH transactions to my (our) account must comply with the provisions of U.S. law.

**Monthly tuition will be automatically withdrawn from your account on the 1<sup>st</sup> day of each month.**

Depository Name :	
Routing and Transit Number:	
Account Number:    checking    savings	
Starting Date (month requested for first ACH transaction):	
Parent's Telephone Number:	
Parent's E-Mail Address:	

**I hereby signify that this authorization is to remain in full force and effect until Bellevue Children's Academy has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Bellevue Children's Academy a reasonable opportunity to act on it.**

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

Date \_\_\_\_\_

**\* Please attach your voided check here.**