



SUMMER

CAMP

2018



Application Form



Sesame Kids

Visitor

Child's Name: _____ / _____ / _____
Last First Middle

Date of Birth: _____ / _____ / _____ Age: _____
month day year

Residence Address: _____

Phone: _____ Email Address: _____

CLASS: Toddler Kindergarten Elementary

Please mark the schedule you would like to apply for your child/children.

Schedule: Whole day (8:45 a.m. - 2 p.m.) Half day (8:45 a.m. - 12:30 p.m.)
*Half day - Toddler ONLY

Week 1: June 25 ~ June 29

Week 2: July 2 ~ July 6

Week 3: July 9 - July 13

Week 4: July 16 - July 20

Week 5: July 23 - July 27

Week 6: July 30 - August 3

Week 7: August 6 - August 10

Week 8: August 13 - August 17

Week 9: August 20 - August 24

Sleep Over July 19

Sleep Over July 26

Sleep Over August 2

Sleep Over August 9

Sleep Over August 16

Sleep Over August 23

One day: _____ Total _____ days

* Would you need to buy a uniform?

__Yes __No Number of piece/s: _____

Parent's Name: _____ Contact Number: _____

Signature of Parent: _____ Date: _____

Sesame International Preschool

1-5-14 Hiroo, Shibuya-ku, Tokyo 150-0012 Tel: 03-5485-1197 (office) Fax: 03-5485-1219

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