



Where Creativity Begins!

Ayla International School <http://aylais.com>

DISCOUNT FOR ENROLLMENT 2021!

Till June, 2021.

Regular Program (nursery / preschool/ kindergarten)

Registration fee: 0 yen

Educational Enhance Fee (annual) 50,000 yen

Times Age: 1~6	Annual Tuition Sept.~June (in yen)	Annual Tuition Sept.~August (in yen)	Hours
1 day per week	660,000	792,000	9:00-15:00
2 days per week	1,100,000	1,320,000	9:00-15:00
3 days per week	1,430,000	1,716,000	9:00-15:00
4 days per week	1,540,000	1,848,000	9:00-15:00
5 days per week	1,650,000	1,980,000	9:00-15:00
5 days per week	1,760,000	2,112,000	9:00-16:00
5 days per week	1,870,000	2,244,000	9:00-17:00
5 days per week	1,980,000	2,376,000	9:00-18:00

Extended care: 800 yen / 30 mins.

All fees are subject to an additional 10% tax.

After School Program. Age: 3 to 9

Registration fee 0 yen

Educational Enhance Fee (annual) 30,000 yen

Times Age: 3-9	Monthly Tuition Sept.~June (in yen)	Hours
1 day per week	¥27,500	14:00-17:00
2 days per week	¥49,500	14:00-17:00
3 days per week	¥71,500	14:00-17:00
4 days per week	¥93,500	14:00-17:00
5 days per week	¥110,000	14:00-17:00
1 day per week	¥11,000	15:00-15:45 / 16:00-16:45
2 days per week	¥22,000	15:00-15:45 / 16:00-16:45

Extended care: 800 yen / 30 mins. .

All fees are subject to an additional 10% tax.



Application Form 1

child's name: _____ date of birth: yr. month. day.

address: _____

e-mail: _____ age: _____ nationality: _____

home phone: _____ gender: boy •girl•other allergy: _____

parent / father's name: _____ parent / mother's name: _____

signature: _____ signature: _____

cell phone: _____ cell phone: _____

company name: _____ company name: _____

position: _____ position: _____

Family Members:

Name: _____ Relationship: _____ Age: _____
 Name: _____ Relationship: _____ Age: _____
 Name: _____ Relationship: _____ Age: _____
 Name: _____ Relationship: _____ Age: _____
 Name: _____ Relationship: _____ Age: _____

Emergency Contacts 緊急連絡先 (other than the name above 上記以外)

Name 名前: _____	Name 名前: _____
Address at home/work 自宅・職場: 〒 _____	Address at home/work 自宅・職場: 〒 _____
Nationality 国籍: _____	Nationality 国籍: _____
tel/mobile 携帯: _____	tel/mobile 携帯: _____
Relationship 関係: _____	Relationship 関係: _____

Contact Address in Home Country 国での住所 (only for foreigners 外国人だけ)

•Name 名前: (first) _____ (middle) _____ (last) _____
 Nationality 国籍 _____ Relationship 関係: _____ Country: _____
 Address: 〒 _____
 Tel: _____ e-mail: _____ memo メモ: _____

Course Information:

Please circle the appropriate.

Regular Programs: Nursery • Preschool • Kindergarten

9:00~13:00	Mon 月•Tue 火•Wed 水•Thu 木 •Fri 金
9:00~14:00	Mon 月•Tue 火•Wed 水•Thu 木 •Fri 金
9:00~15:00	Mon 月•Tue 火•Wed 水•Thu 木 •Fri 金
9:00~16:00	Mon 月•Tue 火•Wed 水•Thu 木 •Fri 金
9:00~17:00	Mon 月•Tue 火•Wed 水•Thu 木 •Fri 金
9:00~18:00	Mon 月•Tue 火•Wed 水•Thu 木 •Fri 金

Attending dates:

1. _____	6. _____
2. _____	7. _____
3. _____	8. _____



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Application Form 2

Medical History (Health condition before registration)

History

Measles	never•has	date:	whooping cough	never•has	date:	medical	check
Rubella	never•has	date:				ups	
ear infection	never•has	date:	heat convulsions:	never•has (how		age	normal
chicken pox.	never•has	date:	many times)?	last time:		note	
			first time:			age	normal
						note	

Immunization (please check)

3 compound level: first stage	1 st . time	2 nd time	3 rd . time	supplement stage:	not yet:	Japanese encephalitis	first stage	medical	check
Rubella	never•has	date:				supplement		ups	
Measles	never•has	date:	Polio	1 st . time:	2 nd . time			age	normal
BCG	never•has	date:	memo:					note	
								age	normal
								note	

Health Report 2:

Major illness (if any): _____

Others (allergy • diarrhea): _____

treatment at home: _____

- Normal temperature • _____ °C
- Bedtime? • _____ p.m.
- Has your child ever had a fit before? • never • has : ()times; ()yrs. old ()months
- What does your child likes to eat? • favorite food • disfavor food
- Changing clothes? • by own self: • can • cannot
- Can your child eat by him/herself? • chopstick • fork
 - has to be fed • can eat by him/herself
- Eats • a lot • a little
- lavatory <stool> • daily () times
 - regular (what time?: _____) • irregular
 - condition: • frequent • normal • sometimes
 - ways of informing:
 - before the stool • after the stool is out • do not say anything
 - amount: • a lot • normal • a little
 - Toilet condition: •western •japanese •a chamber pot •diapers
- <urine> • daily () times
 - condition: • frequent • normal • sometimes
 - ways of informing : • before the urine • after the urine • do not say anything
- Who does your child usually play with? • mom • dad • siblings •friends • others:
- Favorite play: _____
- Has interest in: _____
- Others: _____



Ayla International School (AIS) Waiver of Liability
Application Form 3

(Must print in block letters):

date: year month day		
child's name:		
address:		
gender: •F •M •O	tel/mobile:	e-mail:
program:	date of birth: year month day	

Medical Authorization:

I/we hereby release Ayla International School (AIS), its employees, volunteers, and board members from any and all liability, cost or expense associated with an injury my child may sustain while participating in the program(s) I/we have enrolled.

I/We understand that AIS International School will make every effort to contact me/you (the parents) or my/our designated emergency guardian in the event of an emergency. However, if I/either of us (the child's parents) is/are unable to be contacted, I/we authorize AIS to take any emergency measures it considers necessary.

Other Authorization:

1. I/We entrust my/our child under the supervision of AIS staff, and give permission for my/our child to participate in all AIS events, outdoor excursions and going to the nearby parks.
2. I/We give permission for my/our child's pictures to be taken and posted in the AIS website or other materials only after careful review of its contents.

Acknowledgement:

I/We have read and understood all terms and requirements stated above.

By signing this agreement voluntarily, I am/we are agreeing to abide by this terms.

(mother/guardian) sign: print name:	(father/guardian) sign: print name:
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