



# Enrollment Form

- 3-6 YETI PROGRAM
- DAY CARE

**ONE** Registration form per child **ONCE** per season

**Surname:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

**Native Language:** \_\_\_\_\_ **Other Languages Spoken:** \_\_\_\_\_

**Parent / Guardian:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Accommodation Details:** \_\_\_\_\_

**Best contact whilst in Japan: (Please tick)**  **Mobile**  **Email Address**  **Accommodation**

**EMERGENCY CONTACTS to be notified if parent or guardian named above cannot be contacted.**

**THESE ARE PERSONS WHO CAN ACCEPT RESPONSIBILITY / OR COLLECT CHILD IF**

In the event the child has an illness / accident, or requires medication or if the parent / guardian is unable to collect child

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Mobile / Phone:** \_\_\_\_\_ **Mobile / Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**DOES YOUR CHILD HAVE ANY OF THE FOLLOWING?**

**BEHAVIOURAL ISSUES OR SPEICAL NEEDS**

YES / NO If yes please give details

\_\_\_\_\_

**ALLERGY / SENSITIVITY / DIETARY REQUIREMENTS**

YES / NO If yes please provide details

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL CONDITIONS** Eg. Asthma

YES / NO If yes please give details

\_\_\_\_\_

**ANAPHYLAXIS**

Has the child been diagnosed at risk of anaphylaxis?

YES /  NO

Does the child have an auto injection device (eg. EpiPen)

YES /  NO

Child anaphylaxis management plan provided

YES /  NO

**IS YOUR CHILD UP TO DATE WITH THE IMMUNISATION SCHEDULE IN YOUR COUNTRY OF RESIDENCE?**

YES  NO

**DECLARATION; CONSENT TO EMERGENCY MEDICAL TREATMENT; and CONSENT FOR PHOTOS**

I have carefully read this agreement and sign it with full knowledge of its significance. I give consent for EISS to seek emergency medical treatment by a medical practitioner, nurse, hospital or ambulance. I am at least 18 years of age. I give consent for EISS to use photos of my child for marketing purposes. If you do not wish for your child's photo be used for these purposes, please indicate by ticking the box and notify a member of staff to ensure your child is identified accordingly. **No Photos**

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signed on this Date