



STUDENT INFORMATION FORM

Student Name:		Date: _____/_____/201____	
First	Family	___ Male ___ Female	
Nickname:	Birth Date: ____/____/____	Home Phone: () -	
Address:			
Street	City	State	Zip Code
Email Address:		[Japanese text: __Read only __Read/Write]	
School Name:		[DC MD VA Other: _____]	
If in language immersion program, list language:			

Mother/ Guardian:	First	Family	Cell Phone: () -	Skills & Interests:
Father/ Guardian:	First	Family	Cell Phone: () -	Skills & Interests:
Legal custody of student: ___ Mother ___ Father ___ Both ___ Other: _____				
Are there other issues that Keisho Center needs to know?				

Sibling(s)		
Name:	Birth Date: ____/____/____	___ Male ___ Female
	Birth Date: ____/____/____	
	Birth Date: ____/____/____	

About the Student's Japanese language background		
Percentage (%) of language spoken at home: ____% Japanese ____% English ____%Other: _____		
Latest Japanese background: ___ Four Seasons ___ Himawari/Sakura ___ Tanpopo ___ WJLS		
___ Kumon ___ Other (specify): _____		



ワシントン日本語継承センター
 Washington Japanese Heritage Center
 ("Keisho Center")

WAIVER OF LIABILITY

We hereby agree that Washington Japanese Heritage Center and Norwood School and their officers, directors, ministers, administrators, principal, and other persons in the capacity of teachers, supporting teachers, managers, or staff of Washington Japanese Heritage Center and heirs and assigns of any of these parties (hereinafter individually and collectively "WJHC parties") shall not be liable for any bodily injuries, illness, and property damages, either of which we or our child/children suffered, arising out of our child/children's participation in classes or other events, which WJHC holds, only up to the amount that general liability insurance(s) that WJHC holds to insure activities of WJHC covers. WE HEREBY RELEASE WJHC PARTIES FROM ANY AND ALL LIABILITIES THAT MAY ARISE DUE TO OUR CHILD/CHILDREN'S PARTICIPATION IN WASHINGTON JAPANESE HERITAGE CENTER EXCEPT FOR SUCH LIMITED LIABILITY AS SPECIFICALLY MENTIONED IN THE PRECEDING SENTENCE.

Signature of All Parents and Guardians:

 Signature

 Print Name

 Signature

 Print Name

 Signature

 Print Name

Names of Our Children (please print):

Date: ____/____/201__



CONSENT AND RELEASE FORM

Dear Parents/Guardians,

At Washington Japanese Heritage Center we often videotape, photograph, and record classroom activities and student performances. The release form below gives Washington Japanese Heritage Center permission to use a part or all of these materials which may include a likeness of your child or your child's work for educational and/or publicity purposes beyond the school setting.

CONSENT AND RELEASE FORM

1A USE OF VIDEO OR PHOTOGRAPHS

- Yes, I give my consent for release of video or photographs of *my child* for the purposes described above
- No, I do not give my consent for release of video or photographs of *my child* for the purposes described above.

1B USE OF CHILD'S NAME

- Yes, I give my consent for the use of my child's name in conjunction with his/her video or photographs as authorized in 1A above.
- No, I do not give my consent for the use of my child's name in conjunction with his/her video or photographs as authorized in 1A above.

2A USE OF CHILD'S WORK

- Yes, I give my consent for release of video or photographs of *my child's work* for the purposes described above.
- No, I do not give consent for release of video or photographs of *my child's work* for the purposes described above.

2B USE OF CHILD'S NAME

- Yes, I give my consent for the use of my child's name in conjunction with his/her work as authorized in 2A above.
- No, I do not give my consent for the use of my child's name in conjunction with his/her work as authorized in 2A above.

As a parent or guardian of this student, I have read this information.

Student Name: _____

Parent/ Guardian Name: _____

Signature

Print

Date: ____/____/ 201____



AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR MINOR CHILD

In case of an injury and/or sickness occurs to your child during the school hours and he/she requires emergency treatment, a Washington Japanese Heritage Center (WJHC) representative will accompany the child to the nearest emergency room at the parent(s)/ guardian(s)'s expense. This consent form is provided for the parent(s) or guardian(s) to authorize WJHC to obtain emergency medical treatment if necessary. Please make sure to enter all requested information and your signature(s) after reading and understanding thoroughly.

I/We, _____ of _____
Print Name(s) City State

do hereby state that I am/we are the parent(s)/guardian(s) having legal custody of _____,
Print Name
 a minor, age _____, born on _____, who resides with me/us
Birth Date
 at _____.
Home Address

I/We authorize WJHC in an emergency, when I/we cannot be contacted, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis and/or treatment, and hospital care, to be rendered to the minor, at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

Dated this _____ day of _____, 201____.
For example, 15th Month

Signature Signature

Home Phone: () _____ - _____ Home Phone: () _____ - _____
 Cell Phone: () _____ - _____ Cell Phone: () _____ - _____

Emergency Persons in case Parent(s)/Guardian(s) cannot be reached:

First Contact Name: _____ Relationship: _____

Primary Phone: () _____ - _____ Secondary Phone: () _____ - _____

Second Contact Name: _____ Relationship: _____

Primary Phone: () _____ - _____ Secondary Phone: () _____ - _____

Physician's Name: _____ Phone: () _____ - _____

Address: _____

Child's Allergies: _____

Other Medical Conditions of the Child: _____

Medication Child is Taking: _____

Insurance Holder (Parent/Guardian) Name: _____

Employer: _____ Work Phone: () _____ - _____

Employer Address: _____

Primary Medical Insurance: _____ Phone: () _____ - _____

Insurance Company Address: _____

Insurance Policy Number: _____