

Summer Teen Program Application and Parent/Guardian Consent Form

(Intended ages: 13~17 years old Date: 07/13/2025~07/27/2025)

This application form is to be filled out and signed by the parent, or guardian, of the student who is interested in enrolling in the Summer Teen Program. The information provided here will only be used for admission and class management, and will not be transferred to any third party.

■ 1. Student Information (学生情報)

Family name Kanji
Alphabet

Given name Kanji
Alphabet

Date of Birth (M/D/Y) Age Gender Male Female
 Other ()

Nationality Mother Language Religion (Optional)

■ 2. Parent/Guardian information (保護者の情報)

Name Relationship Address
TEL/FAX Mobile e-mail

■ 3. Relative's contact information in Japan, if applicable (日本の親族の連絡先)

Name Address
TEL/FAX Mobile e-mail
Residence
Card Number Type of Visa

■ 4. Visa (ビザ)

Status Obtained Will obtain Date of entry in Japan (intended) (M/D/Y) Date of Expiration (M/D/Y)
Type Temporary Visitor Dependent Other ()

■ 5. Has your child studied Japanese? (日本語学習歴はありますか?) Yes No

Type of High School Language School Private Lesson School name
Study Self Study Other ()

How long? year(s) month(s) About hours in total Name of textbooks used
 Japanese Language(s) used in classroom
The teacher was? Non-Japanese Nationality ()

■ 6. Your child's current Japanese level (日本語能力について)

Your child can read and write Hiragana Katakana Kanji () characters
Japanese Language Proficiency Test (JLPT) Passed in (year) N5 N4 N3 N2 N1
CEFR A1 A2 B1 B2

■ 7. Pre-existing illness or condition (既往症)

Check boxes that apply

N/A

Learning Disabilities (Literacy Dyslexia ADHD Other LD)

Depression Epilepsy Panic Disorder Asthma Sleep Disorder

Other ()

Note: This question is to assist the school in making the necessary preparation, and will not affect your child's enrollment.

■ 8. In case of minor pain or illness (軽症時の対応)

In the case of minor pain or illness such as headache, mild cold or sore throat, do you permit the school to give your child non-prescription medicine such as pain medicine, cold medicine, cough medicine, cough drops, anti-histamines and travel sickness tablets?

Yes

No

■ 9. Emergency Hospital Treatment (緊急時の対応)

In the case of emergency, every effort will be made to contact you, the child's parents/guardians, as quickly as possible. If your child needs an emergency operation, do you give permission for the Course Director to sign the necessary consent form?

Yes

No

■ 10. Foods and Dietary Needs (食事について)

Does your child require a special diet? Is your child allergic to any foods, or any food that can't be eaten for religious reasons?

No

Yes (Please specify in the blank below.)

■ 11. Any other information regarding your child's health (健康についてのその他の情報)

Is there any other information we need to ensure the health and well-being of your child? This information will be treated as confidential.

Please specify in the blank below if any.

■ 12. Student Travel Details (旅行情報) *Designated Arrival Time: 07/13 (Sunday) at 12pm-4pm (Arriving outside of the designated times may incur fees)

Arrival

Flight Number:

Arrival Date:

Time:

Departing from:

Arriving at:

Departure

Flight Number:

Departure Date:

Time:

Departing from:

Arriving at:

Is your child registered with the airline as an Unaccompanied Minor?

Yes

No

■ 13. How did you hear about our school? (どこでこの学校を知りましたか?)

Internet (Name of website

)

Printed Material Ad (Name of media

)

Introduced by a friend (

)

Bulletin board

Study abroad agents (Agent name

)

Other (

)

■ 14. Permission for Publicity Activities (広報活動への掲載)

As part of the school's publicity activities, we take photographs and videos that are used in various forms of media that the school produces (such as our website). We would like to ask our new students to allow us to use any photographs or videos that are taken. We really appreciate your cooperation.

I give permission to KAI Japanese Language School to use the photographs

and/or videos that are taken for the school's publicity activities.

Yes

No

■ 15. Refund Policy (返金規定)

- If cancellation is made before the application deadline, the full course fee will be refunded.
- If cancellation is made after the application deadline, a cancellation fee (see right table) will be incurred.
- If cancellation is made after course commencement, KAI will retain the full course fee.
- The applicant shall bear all bank transaction fees during payments and refunds.
- Lesson(s) may be cancelled due to natural disasters such as typhoons and heavy rain. In this case, the cancelled lessons will be substituted with an assignment, etc. No refund will be made for cancelled lessons.

Cancellation Date	Cancellation Fee
By May 1	No fee
By May 15	20%
By May 29	40%
By June 12	60%
By June 26	80%
By July 10	90%
From July 11	100%

Please review the information below. After, Please check the boxes, and sign this paper.

I have completed this application form as a parent or guardian on behalf of my child.

I understand that the program I chose suits the purpose of my child's language study based on the information provided by KAI Japanese Language School.

I will pay the program fee by the specified due date.

I vow that all information submitted on this application is correct.

I agree to the conditions stated above and would like to enroll my child in the KAI Summer Teen Program.

Date (M/D/Y)

Signature