

# Japanese Immersion Saturday Preschool Program at East San Gabriel Valley Japanese Community Center

Saturday 9:00AM - 12:00 PM  
For Preschool-aged Children

## Come Join Us in Fun Projects Using Japanese!

Through our hands-on projects, children are encouraged to exercise all their senses, and discover and learn at their own pace.

All instruction is conducted in Japanese,  
with supplemental English guidance when necessary.



Activities are centered around the day's theme that is chosen from things or phenomena found in children's everyday life.

For example, with the theme of shadows (かげ), children:

- ✚ Make shadow puppets and project them on the wall,
- ✚ Trace the shadows of water bottles and observe how they move,
- ✚ Make 3D collages and shine flashlights on them,
- ✚ Play shadow tag, and
- ✚ Enjoy a shadow puppet show.

Japanese words are introduced throughout the day and through introductory language instructions (hiragana/sound recognition).

## Program

Free Play  
Language  
Science Experiments  
Art  
Outdoor Play  
Snacks (provided)/Cooking  
\*Subject to change according to the day's theme and weather.

## Registration

Tuition: \$50/month

Registration Fee for new students:  
\$25 for ESGVJCC Members  
\$50 for Non-Members

Annual Material Fee: \$100

- Classes are held from September to June. The monthly tuition stays the same regardless of the number of classes held each month.
- The parent is required to sign up to volunteer four Saturdays/year to support in-class instruction.
- Drop-in is available for \$25/class depending on vacancy (registration and material fees do not apply for drop-ins). Please call for availability.

## Contact

Melissa Kozono  
(626) 960-2566  
[mkozono@esgvjcc.org](mailto:mkozono@esgvjcc.org)

Nobuko Fukatsu  
[nfukatsu@esgvjcc.org](mailto:nfukatsu@esgvjcc.org)

## BRIDGING CULTURE, FAMILY, AND COMMUNITY

1203 West Puente Avenue | West Covina, CA 91790  
For more information | 626.960.2566 | [esgvjcc.org](http://esgvjcc.org)  
ESGVJCC is a not-for-profit 501(c)(3) organization



EAST SAN GABRIEL VALLEY JAPANESE COMMUNITY CENTER **ESGVJCC**



EAST SAN GABRIEL VALLEY  
JAPANESE COMMUNITY CENTER **ESGVJCC**

JAPANESE IMMERSION SATURDAY PRESCHOOL PROGRAM

## STUDENT REGISTRATION FORM 2017-2018

### STUDENT INFORMATION:

Name:

\_\_\_\_\_  
Last First Middle

Address:

\_\_\_\_\_  
Street City Zip Code

Birthdate:

\_\_\_\_\_  
Month Day Year

Age: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

Mother/Guardian Name:

\_\_\_\_\_  
Last First

Address:

if different than above \_\_\_\_\_  
Street City Zip Code

Phone:

( ) \_\_\_\_\_

Cell Work

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Father/Guardian Name:

\_\_\_\_\_  
Last First

Address:

if different than above \_\_\_\_\_  
Street City Zip Code

Phone:

( ) \_\_\_\_\_

Cell Work

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

### SIBLING INFORMATION (if applicable):

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

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

Parent/Guardian Name (please print): \_\_\_\_\_



EAST SAN GABRIEL VALLEY  
JAPANESE COMMUNITY CENTER **ESGVJCC**

JAPANESE IMMERSION SATURDAY PRESCHOOL PROGRAM

## **AUTHORIZATION & CONSENT FOR MINOR'S MEDICAL TREATMENT 2017-2018**

Student Name:

\_\_\_\_\_  
Last First Middle

Address:

\_\_\_\_\_  
Street City Zip Code

Mother/Guardian:

\_\_\_\_\_  
Home Phone Cell Phone Work Phone Email

Father/Guardian:

\_\_\_\_\_  
Home Phone Cell Phone Work Phone Email

If student becomes ill or is injured at school and parent/guardian cannot be reached, the ESGVJCC has my permission to contact and release my child to the custody of the following individuals:

\_\_\_\_\_  
Name Relationship Phone Number

\_\_\_\_\_  
Name Relationship Phone Number

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy or Group #: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

All conditions for which my child is currently receiving treatment:

Any other significant medical information & specific instructions:

### CONSENT FOR MEDICAL TREATMENT

I grant authorization and consent for the East San Gabriel Valley Japanese Community Center (ESGVJCC) to administer general first aid treatment for any minor injuries or illnesses experienced by my child. If the injury or illness is life threatening and/or my child is in need of emergency treatment and the ESGVJCC is unable to reach me, I hereby authorize the ESGVJCC to seek any and all professional emergency personnel to attend, transport, and to issue consent any and all medical treatment and/or hospital care deemed advisable by, and rendered under the general supervision of any licensed physician or other medical professional or institution duly licensed to practice in California. This authorization is given in advance of any such medical treatment to empower the agents to give consent for such treatment, as the physician may deem advisable (Section 25.8 of the Civil Code of California). I release the ESGVJCC, its board members, employees, and volunteers from any and all claims, demands, actions or causes of action related to the said treatment. I understand that I am fully responsible for all expenses resulting from such action. This authorization shall remain effective during the participation of my child for the 2017-2018 school year.

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

Parent/Guardian Name (please print): \_\_\_\_\_



EAST SAN GABRIEL VALLEY  
JAPANESE COMMUNITY CENTER **ESGVJCC**

JAPANESE IMMERSION SATURDAY PRESCHOOL PROGRAM  
**MINOR PHOTO RELEASE & WAIVER AND RELEASE**  
**2017-2018**

Student Name: \_\_\_\_\_

Last

First

Middle

MINOR PHOTO RELEASE

I give the East San Gabriel Valley Japanese Community Center (ESGVJCC) permission to publish in print, electronic, or video format the likeness of image(s) of my child. I release all claims against the ESGVJCC with respect to copyright ownership and publication including any claim related to use of materials in perpetuity.

Initial \_\_\_\_\_ Minor Photo Release

WAIVER AND RELEASE

In consideration of my child(ren) being permitted to take part in all of the East San Gabriel Valley Japanese Community Center (ESGVJCC)'s activities, whether public or private on the premises at 1203 West Puente Avenue, West Covina 91790 or any other place in the course of said ESGVJCC's activities, I hereby expressly waive and release any and all rights which I or my child(ren) may have to maintain my claim or demand whatsoever against the ESGVJCC, its board of directors, officers, members, teachers, employees, volunteers or against any other person other than the undersigned or which might ensue as a result of my or my child(ren) being on said ESGVJCC premises or otherwise my or child(ren)'s participation in any of said ESGVJCC activities. This waiver and release shall remain effective during the enrollment of my child(ren) at the ESGVJCC.

Initial \_\_\_\_\_ Waiver & Release

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

\_\_\_\_\_  
Date

Parent/Guardian Name (please print): \_\_\_\_\_



EAST SAN GABRIEL VALLEY  
JAPANESE COMMUNITY CENTER **ESGVJCC**

## JAPANESE IMMERSION SATURDAY PRESCHOOL PROGRAM

### **IMPORTANT DATES FOR 2017 -2018**

9/9/17	1 <sup>st</sup> Day of Class
10/7/17	Akimatsuri Fall Festival- No Class
11/4/17	Family Health Fair - No Class
11/25/17	Thanksgiving Holiday - No Class
12/23/17	Winter Holiday - No Class
12/30/17	Winter Holiday - No Class
1/6/18	Classes Resume
2/17/18	President's Day Holiday - No Class
3/17/18	Cherry Blossom Festival
3/31/18	Spring Break - No Class
5/26/18	Memorial Day Holiday - No Class
6/9/18	Last day of Class

### **PAYMENT**

Tuition is due on the first Saturday of each month. If there are no classes on the first Saturday, tuition is due on the second Saturday of that month. A late charge of \$10 will be assessed if tuition is not paid by the 15<sup>th</sup> of the month.

Tuition payments may be paid via check, cash or credit card. Please make checks payable to ESGVJCC and include your child's name in the memo.

Tuition is a flat fee per month regardless of attendance. Your family will be financially responsible for the entire month's tuition even if your child(ren) misses any class.

If you would like to drop in for one class, the cost is \$25 per class depending on availability.

Payment options include:

- In person by delivering it to the ESGVJCC Office (Room 1) Monday-Friday 9am-5pm or Saturdays from 9am - 12:30pm.
- By mailing your check to :  
ESGVJCC  
P.O. Box 282  
West Covina, CA 91793
- By calling (626) 960-2566 Monday-Friday 9am-5pm for credit card payment

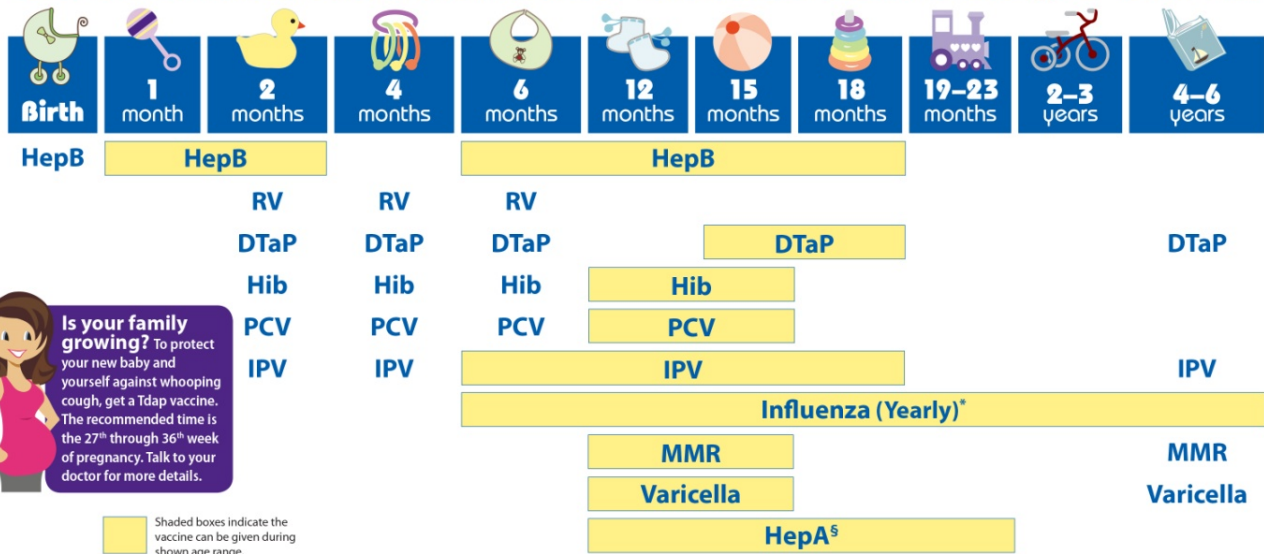


EAST SAN GABRIEL VALLEY **ESGVJCC**  
JAPANESE COMMUNITY CENTER

## IMMUNIZATIONS

All children must be up to date with their immunizations. The Japanese Immersion Saturday Preschool Program classroom also serves as a classroom for the Kokoro no Sato Infant Care Center during the week. In order to protect all children, we require all children's immunizations be up to date. Please submit a copy of your child's Immunization Record with your application.

### 2017 Recommended Immunizations for Children from Birth Through 6 Years Old



**Is your family growing?** To protect your new baby and yourself against whooping cough, get a Tdap vaccine. The recommended time is the 27<sup>th</sup> through 36<sup>th</sup> week of pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

**NOTE:**

If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

**FOOTNOTES:**

\* Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.  
<sup>§</sup> Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.  
*If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.*



For more information, call toll free **1-800-CDC-INFO** (1-800-232-4636) or visit [www.cdc.gov/vaccines/parents](http://www.cdc.gov/vaccines/parents)



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention



American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™



EAST SAN GABRIEL VALLEY  
JAPANESE COMMUNITY CENTER **ESGVJCC**

## **WITHDRAWAL OF ENROLLMENT**

If parents decide to withdraw their child from the ESGVJCC Japanese Immersion Saturday Preschool Program, please notify Melissa Kozono, ESGVJCC Program Director as soon as possible.

If notification of withdrawal is given after the first class of that month, tuition for that month will not be refunded. Registration and materials fees will not be refunded.

## **PARENT VOLUNTEER**

A parent is required to sign up to volunteer four Saturdays per school year to support class instruction. Sign-ups are based on a first-come, first-serve basis. We ask that only one parent volunteer per class. To schedule your volunteer dates, please contact Melissa Kozono at [mkozono@esgvjcc.org](mailto:mkozono@esgvjcc.org) or at (626) 960-2566.

## **CONTACT**

Contact information for the ESGVJCC office;

PHONE (626) 960-2566  
(626) 337-9123

FAX (626) 960-0866

EMAIL [info@esgvjcc.org](mailto:info@esgvjcc.org)

WEBSITE [esgvjcc.org](http://esgvjcc.org)

### **STAFF**

Executive Director	Pearl Omiya <a href="mailto:pomiya@esgvjcc.org">pomiya@esgvjcc.org</a> (626) 960-2566
Program Director	Melissa Kozono <a href="mailto:mkozono@esgvjcc.org">mkozono@esgvjcc.org</a> (626) 960-2566
Teacher	Nobuko Fukatsu <a href="mailto:nfukatsu@esgvjcc.org">nfukatsu@esgvjcc.org</a>



EAST SAN GABRIEL VALLEY  
JAPANESE COMMUNITY CENTER **ESGVJCC**

(FOR NEW FAMILIES ONLY)

Thank you for registering for the Japanese Immersion Saturday Preschool Program. To help us better understand your child and make the class more meaningful to him/her, please answer the following questions.

Child's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Parents'/Guardians' Names: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_

1. List any allergies, special needs, or health issues that the staff should be aware of.
2. Please describe your child's language usage at home (e.g. 80% English, 20% Japanese with mother, understand spoken Japanese but hardly speak)
3. Has your child experienced being in a group childcare setting such as day care or preschool?  
Yes / No  
Since: \_\_\_\_\_ How often? \_\_\_\_\_
4. How would you describe your child's personality?
5. What do you expect from this program?
6. Which four Saturdays would you like to volunteer for?

Thank you. I'm looking forward to having your child in the class.  
Nobuko Fukatsu (Teacher)