

## **CONTRACT OF ENROLMENT**

Name of Child:				
Birthday	Year	Month	Day	
I will enroll my ch	ild in Brainglish	Baby Internation	nal Preschool from:	
	Year	Month	Day	
After enrolling m Brainglish Baby p			ere to the rules of the school, as outlined in th	ıe
The basic hours o	of enrollment are	e		
_	: am/pm	(circle one) to	o:am/pm (circle one)	
My Address:				
		- -		
		-		
Legal Guardian S	ignature:			
		-		
Date Signed:				
		-		
Brainglish Baby I 〒543-0072 Osaka Ikutamamaemac	Prefecture, Osa		d,	











