

ICT Global Summer Camp 2019 Application Form

*Please make sure to fill out all the information requested on this form.

Basic Child's Information							
Name							
	First		Middle		Last		
Date of Birth	/ /			Age		Please attach a recent photo here.	
	mm	dd	уууу	Gender (√a box)	□M □ F	*4 x 3cm in height and width. *Digital photo	
Nationality Please write down all if multiple						acceptable	
School Name							
Please √ a box	□ Private School						
	□ Public School						
	☐ Interna	ational School					
Current Grade							
Language(s) Spoken							
Experience in English (in years)							
Hobby							
Do you need a visa to participate in this program? (√a box)					□ Yes	□ No	
For those who need a visa to enter Japan:							
Location of Japanese Embassy/Consulate							
Mailing Address *Room number should be included (if any)		(0.110.1		,			
Tolophono Numb	or	(Postal Code:)			
Telephone Numb	JEI						
Email Address							

Emergency Contact Persons						
Name(First-Middle-Last)						
Relationship						
Phone						
Email Address						
Name(First-Middle-Last)						
Relationship						
Phone						
Email Address						
	Name(First-Middle-Last) Relationship Phone Email Address Name(First-Middle-Last) Relationship Phone					

Health and International Travel Insurance							
Chronic Disease							
Allergies/Restrictions (Animal, food, medicine, if any)							
International Travel		I agree to buy the International Travel Insurance that covers an entire program period and meets the following coverages and insured amounts. I will submit a copy of Insurance Card to ICT by May 31, 2019. Coverages Insured Amounts					
Insurance (If agree, √ a box)		Death from Accident/Sickness Accidental Permanent Disability Medical &Rescuer's Expenses	\$100,000 (10 million yen) or more \$3,000 (300,000 yen) or more \$300,000 (30 million yen) or more				
		Liability for damages	\$1 million (100 million yen)				
Immunization History (If agree, √a box)		I agree to take all required immunizations below and submit the Immunization History form to ICT by May 31, 2019. Required Immunizations: 2MMR and Varicella shots Recommended Immunizations: 3 shots of Hepatitis B					
Please offer any information regarding your child that you think teachers should know.							
		NS(To those who are planning to 29^{th} Campus tour and Final pres					
•	dowr e 24 e 29	the number of participants, if you th () people th () people					