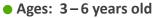
Poppins Active Learning International School



"Christmas Around the World!"

Dec. 21-25, 2015



• Date: From Monday 21st – Friday 25th December

(excluding Wednesday 23rd)
• **Tuition:** 15,000 yen per day

• Regular School Hours: 8:30 am to 3 pm (Monday to Friday)

• Optional Hours: After School Extend Childcare 3 pm to 5 pm

(additional 416 yen per 15 minutes)

Dec.14 th (Mon) – 18 th (Fri)	BE OUR GUEST! Join the regular school activities during this special time. (Minimum 2 days participation required during this period.)
Monday 21 st Dec	World Map Let's explore a big world map and write "Merry Christmas!" in different languages!
Tuesday 22 nd Dec	German Gingerbread House Let's make a gingerbread house, a long-time tradition in Germany!
Thursday 24 th Dec	English Decorations Let's make traditional English ornaments and decorate our Christmas Tree!
Friday 25 th Dec	North Pole Visit Let's go to the North Pole to visit Santa and help him wrap presents for Christmas!
Jan.4 th (Mon) – 8 th (Fri)	BE OUR GUEST! Join the regular school activities during this special time. (Minimum 2 days participation required during this period.)

How to Apply

- ★ Please fill out the application form and hand, mail, or fax it to us.
- ★ Please submit your application before Dec. 7th (Mon), 2015.
- ★ We will issue an invoice. Please pay by the due date to be enrolled.

List of Things to Bring

- ★ Change of clothes (2 sets) ★ Inside shoes ★ Tooth brush ★ Mouth towels (2)
- ★ Lunch: Bring your own or order catering lunch from Luca Deli.

http://lucadeli.com -PALIS PW : mary -Please order 3 days in advance.

Note: If your child has allergies, please bring his or her own lunch.

Contact Information

Poppins Active Learning International School

Yebisu Garden Terrace Nibankan 1F/2F 4-20-2 Ebisu, Shibuya-ku, Tokyo, 150-0013

- Tel: 03-5791-2105 / Fax: 03-5791-2106 (weekdays 8:30 am 5 pm)
- Website: http://www.poppins-palis.jp/
- Email: palis@poppins.co.jp







PALIS Winter Programme 2015 Application Form

Date:



Child's	s Name:				_	Gratia	
Age:	Ŋ	Years	Months	<u> </u>			
Date o	f Birth:	/		/			
Allergy	y: Yes	· No					
• Please	e let our staff kr	now about the	details of your	child's allergy	y.		
★ Please check the dates you would like your child to participate and fill out the times. ★							
	14 th -18 th Dec	Mon 21 st Dec	Tue 22 nd Dec	Wed 23 rd Dec	Thu 24 th Dec	Fri 25 th Dec	4 th - 8 th Jan
Time		: ~ :	: ~ :	No school * National Holiday	: ~ :	: ~ :	
Note							
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Addres	ss:						
Emerge	ency Contact	Number:					
Home	Phone Numbe	er:					
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Did yo	u read the Ter	ms & Conditi	ions and agree	e? <u> </u>	Yes •	N o	
<u>Guardi</u>	an's Signature	2:					