

# Child Record

Date of entry (yyyy/mm/dd) :     /     /

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Katakana		Gender	normal body temperature		Katakana Guardian Name	
Child Name			B			
	Birth date(yyyy/mm/dd)		G	Family Doctor	Physician : TEL	
				Surgery :		
				Dentistry :		
Current Address	( 〒       -       )					Family Relationship Please list in order of priority contacts
						① (    ) (    -    -    )
						② (    ) (    -    -    )
						③ (    ) (    -    -    )
Family Situation	Katakana Name	Family Relationship	Date of Birth	Workplace/School		Phone number
Emergency Contact Priority Other than Parents		①Name Phone:		②Name Phone:		③Name Phone:
seeing off and meeting on	Sent by (name)	Time	Pick up by (name)	Time	Sat.	Pick up by (name) Time
		:		:		
Name of business where parent/guardian works	relationship/name		Name of business where parent/guardian works	relationship/name		
Start Time	:		Start Time	:		
End Time	:		End Time	:		
Parent's Saturday work schedule			Parent's Saturday work schedule			
Time from facility to work	about min.		Time from facility to work	about min.		
How long do you require childcare? ※Please check the same one as application documents! ※As a general rule, it is determined by the working hours and commuting time of the parents.	<input type="checkbox"/> Short Period 8:30~16:30		<input type="checkbox"/> No Saturday use <input type="checkbox"/> Use until 12:00 pm on Sat. <input type="checkbox"/> Use after 12:00 pm on Sat.		※Check one of the appropriate boxes	
	<input type="checkbox"/> Long Period 7:30~18:30		<input type="checkbox"/> No Saturday use <input type="checkbox"/> Use until 12:00 pm on Sat. <input type="checkbox"/> Use after 12:00 pm on Sat.		※Check one of the appropriate boxes	

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