

Yamanoko Childcare Center Application Form

Spiber Inc. Yamanoko Childcare Center

Date : 2017 / /

Child's Name	Birth date (Year/Month/Day)	Gender
	/ /	M • F
Address		
〒		

Guardian name	Relationship	Birth date	Place of work (Contact number)
		/ /	()
Guardian name		/ /	()
Address			Phone number
〒			- -

* If you and your child live at the same address, please write "As above."

Why are you in need of childcare?	
Mother	<input type="checkbox"/> Work <input type="checkbox"/> Pregnancy/childbirth (Due date:) <input type="checkbox"/> Illness/injury <input type="checkbox"/> Nursing family member etc. <input type="checkbox"/> Recovering from natural disaster <input type="checkbox"/> Job hunting <input type="checkbox"/> Attending school <input type="checkbox"/> Other ()
Work hours	Time : ~ : (#) days a week → Which days? (Mon / Tue / Wed / Thu / Fri / Sat / Sun)
Father	<input type="checkbox"/> Work <input type="checkbox"/> Pregnancy/childbirth (Due date:) <input type="checkbox"/> Illness/injury <input type="checkbox"/> Nursing family member etc. <input type="checkbox"/> Recovering from natural disaster <input type="checkbox"/> Job hunting <input type="checkbox"/> Attending school <input type="checkbox"/> Other ()
Working hours	Time : ~ : (#) days a week → Which days? (Mon / Tue / Wed / Thu / Fri / Sat / Sun)

Desired enrollment period
From: / / until: / /) Ex. From: YYYY/MM/DD until: YYYY/MM/DD

Desired enrollment facilities
<input type="checkbox"/> I am only looking into enrolling at Yamanoko. <input type="checkbox"/> I am looking into other childcare facilities in addition to Yamanoko.

* Application result will be sent at a later date.

I hereby request permission to place the above child into the Yamanoko Childcare Center.

Date _____

Signature of guardian _____ 印

About the applicant child

(Please circle the relevant fields and write more details as necessary.)

Name 【		】	
Childcare status	①	Being cared for at home by:	
	②	Being taken to the workplace by: (Is there a nursery there? Yes · No)	
	③	Being cared for at a childcare facility:	
Physical growth and development	Height / Weight		Height: cm Weight: kg · g (As of: / /)
	Physical development		Head control: Yes, for ____ months · Not yet
			Rolling over: Yes, for ____ months · Not yet
			Crawling: Yes, for ____ months · Not yet
			Walking: Yes, for ____ months · Not yet
Health	Are you consulting with a hospital or facility about a developmental or chronic disease?		Yes · No Disease name:
	Hospital/facility name		
	Number of days visited		() times a (Month · Week)
	Medicine		Not using · Using () times a day
	Type of medicine		

<p>Does the child have allergies / predispositions toward developing allergies?</p>	<p>Yes · No · Unknown (Tests done· Tests not yet done)</p>
<p>Symptoms, elimination diet etc.</p>	
<p>History of convulsions</p>	<p>Yes (____ years ____ months old) · No (Details, frequency etc.)</p>
<p>Do you have a physical disability certificate or rehabilitation certificate for your child ?</p>	<p>Yes · No</p>
<p>Does your child need medical care?</p>	<p>No · Yes ()</p>
<p>Is there is anything on your mind related to the health or development of your child upon putting them in the childcare facility? If so, please write so here.</p>	<p>Yes · No</p>