

Application for Day Care

FAX 03-6435-0885 ☎ 03-5444-1035

Address 〒	Pokke ID	Today's date
	Child's Name	
Family Name	Phone TEL — —	sex
	Age	____years ____months M F
Date: _____	year / month / day	<input type="checkbox"/> Lunch
Time: _____	from : to :	<input type="checkbox"/> Snack
		<input type="checkbox"/> Dinner
Allergies of reactions (food, medicine or other) <input type="checkbox"/> none <input type="checkbox"/> having ()		
<input type="checkbox"/> first time	Do you desire to be on the waiting list ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Remark	Hand / 〒 /	

Charges (from Pokke)

Rate	• Mon-Sat (Minato-ku)	2000 + 500 × hours + 500 × =	Cancellation fee will be applied from 12:00 previous day. When you cancel in holiday, Please record ☎ ansering.
	• Sun, National holiday • Mon-Sat (Outside M)	2500 + 600 × hours + 600 × =	
	• Outside Minato-ku (Sun, National holiday)	3000 + 700 × hours + 700 × =	
Meals	Lunch : 500yen Snack : 100yen Dinner : 500yen		
Payment Due	Total	Yen	

*Morning (7:15~8:00), Night (18:00~20:15) Sunday, National holiday: Phone 070-5593-3529

Contact & Condition

Pick up by	Father Mother Other (Name)								
Contact person in case of emergency	① Father Mother Other (Name) TEL ()								
	② Father Mother Other (Name) TEL ()								
Body temperature	morning _____ °C								
Sleeping hours	last night : ~ :								
	morning : ~ :								
Daytime sleep	<input type="checkbox"/> none <input type="checkbox"/> taking ____ hours								
Breakfast	quantity: <input type="checkbox"/> lot <input type="checkbox"/> moderate <input type="checkbox"/> little								
Milk	time ____ : ____ cc								
Have he/she been to toilet? Pop <input type="checkbox"/> No <input type="checkbox"/> Yes									
condition <input type="checkbox"/> good <input type="checkbox"/> not so good()									
Skin rash <input type="checkbox"/> No <input type="checkbox"/> Yes()									
Medication <input type="checkbox"/> No <input type="checkbox"/> Yes (name:)									
Immunization Latest Immunizations(/)									
Outdoor play: If no, please specify the reason. ()									
Time for bottle feeding: (: cc) (: cc)									
Things like to do	Comments								
<table border="1"> <tr> <td colspan="2">Things to bring <input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Change of clothes</td> <td><input type="checkbox"/> Super plastic bag</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Diapers in plastic bags, Wipes</td> </tr> <tr> <td><input type="checkbox"/> Formula, bottle</td> <td><input type="checkbox"/> 2 bathtowels for nap</td> </tr> </table>		Things to bring <input checked="" type="checkbox"/>		<input type="checkbox"/> Change of clothes	<input type="checkbox"/> Super plastic bag	<input type="checkbox"/> Diapers in plastic bags, Wipes		<input type="checkbox"/> Formula, bottle	<input type="checkbox"/> 2 bathtowels for nap
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From Staff

Bowel movement: <input type="checkbox"/> soft <input type="checkbox"/> moderate <input type="checkbox"/> hard	Daytime sleep: (: ~ :)
Lunch:	Snack: Dinner:
Comments: ()	

