

Address 〒	Pokke ID	Today's date
	Child's Name	
Family Name	Phone	TEL — — sex
	Age	___years ___months M F
Date:	year / month / day	☐ Dinner
Time:	from : to :	
Allergies of reactions (food, medicine or other) ☐none ☐having ()		
Reason	☐work ☐family engagement ☐hospital ☐care ☐formal ceremony ☐refreshment (one a month) ☐others()	
Remark		Hand / 〒 /

Charges (from Pokke)

<input type="checkbox"/> Mon-Sat 2000yen	Dinner 500yen	Cancellattion fee will be applied from 12:00 previous day.	input
<input type="checkbox"/> San, National holiday 2500yen			confirm
Payment Due	Total Yen	When you cancel in holiday, Please fax or record ☎ ansering.	processor
Reasons Certificate	☐none ☐settled /		

*Morning(7:15~8:00) ,Night(18:00~20:15) Sunday、National holiday→ Phone070-5593-3529

Contact on that day

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	17:00 °C	Bowel movement	☐No ☐Yes										
Sleeping hours	last night : ~ :	Condition	☐good ☐not so good()										
	day time : ~ :	Skin rush	☐No · ☐Yes()										
Lunch or snack	quantity: ☐lot ☐moderate ☐little	Medication	☐No · ☐Yes(name:)										
Milk	time : cc	Immunization	Latest Immunizations(/)										
Time for bottle feeding: (: cc) (: cc)													
things like to do	Comments:	<table border="1"> <tr> <th colspan="2">Things to bring ☑</th> </tr> <tr> <td><input type="checkbox"/> change of clothes</td> <td><input type="checkbox"/>super plastic bags</td> </tr> <tr> <td><input type="checkbox"/>diapers in plastic bag</td> <td><input type="checkbox"/>wipes</td> </tr> <tr> <td><input type="checkbox"/>formula, bottle</td> <td><input type="checkbox"/>2 bathtowels for nap</td> </tr> <tr> <td colspan="2"><input type="checkbox"/>Copy of helth insurance card / children medical support card</td> </tr> </table>		Things to bring ☑		<input type="checkbox"/> change of clothes	<input type="checkbox"/> super plastic bags	<input type="checkbox"/> diapers in plastic bag	<input type="checkbox"/> wipes	<input type="checkbox"/> formula, bottle	<input type="checkbox"/> 2 bathtowels for nap	<input type="checkbox"/> Copy of helth insurance card / children medical support card	
Things to bring ☑													
<input type="checkbox"/> change of clothes	<input type="checkbox"/> super plastic bags												
<input type="checkbox"/> diapers in plastic bag	<input type="checkbox"/> wipes												
<input type="checkbox"/> formula, bottle	<input type="checkbox"/> 2 bathtowels for nap												
<input type="checkbox"/> Copy of helth insurance card / children medical support card													

From Staff

Bowel movement: ☐soft ☐moderate ☐hard	sleep: (: ~ :)
Dinner:	Comments:

