

# Registration form for the Membership of Pokke

Date of Registration	/ /	Pokke ID		
Child's Name	(Gender) M · F		Date of birth : Y/M/D	
			/ /	
Address	〒			
	Home Telephone ( )		Mobile Telephone ( )	
Guardian's Name	※		Relation-ship	
Emergency Contact	Name of family member		Relation-ship	
	(Employer, etc.)			
	Office Telephone ( )		Mobile Telephone ( )	
Services	<input type="checkbox"/> Play Space	<input type="checkbox"/> Temporary Nursery	<input type="checkbox"/> Twilight Nursery between 17:00 and 22:00	<input type="checkbox"/> Short Stay Nursery

◆ Regarding uploading photographs of the child to Pokke's web-site

(Pokke will possibly take snapshots of our activities. We very appreciate if you could tell us whether you could agree or disagree to below questions. Please check the columns!)

① The web page could have photographs which focus your child's face clearly. [ agree · disagree ]

② The web page could have photographs which focus your child. (Not focus the face) [ agree · disagree ]

## Notification

The terms and conditions for participating to membership of Pokke are as follows.

- ① Any personal information of this application shall be used only for the activities of the applicants in Pokke.
- ② The applicants shall be covered only to the extent of the insurance agreement between Pokke and insurance.
- ③ Pokke shall be exempted from any coverage for the loss and damages of the applicants including a crime case in the Pokke.
- ④ The applicants shall allow Pokke to make a notice to the Emergency Address and also take the child to hospitals if it would be needed.

If you shall agree to above terms and conditions of ① to ④ Please fill your name as your signature.

Signature: \_\_\_\_\_