

- Day Care Nursery
- Twilight Nursery
- Short Stay Accomodation

Questionnaire for Nursery

Pokke ID ()

Date of Application / /

Child's part	
Child's name	<input type="checkbox"/> M Birthday: Y/M/D <input type="checkbox"/> F / /
Nickname:	Ages: ___ years ___ months
The Grade of School :	<input type="checkbox"/> not going <input type="checkbox"/> kindergarten <input type="checkbox"/> nursery school <input type="checkbox"/> elementary school
School name:	school grade :
Guardian's part	
Address 〒	
Phone Tel :	Fax :
Guardian's name	Relation-ship
Family members: <input type="checkbox"/> father <input type="checkbox"/> mother <input type="checkbox"/> grand father <input type="checkbox"/> grand mother <input type="checkbox"/> brother(s) : () <input type="checkbox"/> sister(s) ()	
if you are living separately from the child, Address :	

■ Questionnaire for medical condition

Condi-tion	normal temperature (°C)
	a chronic illness: none having()
	allergic: none having()
	convulsins for high fever: none did (how many? Time(s))
	previous illness: <input type="checkbox"/> pneumonia <input type="checkbox"/> asthma <input type="checkbox"/> dislocation <input type="checkbox"/> convulsion <input type="checkbox"/> Kawasaki illness
	Other special mention: Ex.) enter the hospital or any operation ()
Vaccinated <input type="checkbox"/> BCG <input type="checkbox"/> DPT(Diphtheria·Pertussis·Tetanus) <input type="checkbox"/> Polio <input type="checkbox"/> MR(Measles·Rubella) <input type="checkbox"/> Varicella <input type="checkbox"/> Mumps <input type="checkbox"/> Influenza	
Family doctor:	<input type="checkbox"/> Health insurance certificate ⇒ No.
TEL:	<input type="checkbox"/> Child medical insurance certificate ⇒ No.
	<input type="checkbox"/> Mother & Child hand-book ⇒ No.

■ Questionnaire for meal

Meal	allergic:	Baby food	Milking
	dislike food:		milk(cc/time) interval hours
	quantity: lot · moderate · little		Baby foods
	support : need · needless		weaning food time/day
	enable to use: fork/spoon · chopsticks		<input type="checkbox"/> pasty <input type="checkbox"/> cut into fine piece <input type="checkbox"/> cut into the piece roughly

■ Questionnaire for toilet

Toilet	<input type="checkbox"/> diaper <input type="checkbox"/> Toilet training <input type="checkbox"/> shorts tend: <input type="checkbox"/> hard <input type="checkbox"/> moderate <input type="checkbox"/> soft
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■ Questionnaire for sleeping

Sleep-ing	an afternoon nap: <input type="checkbox"/> none <input type="checkbox"/> taking (from: : hours)
	habit to sleep: <input type="checkbox"/> with someone beside him/her <input type="checkbox"/> able to sleep alone <input type="checkbox"/> on one's back <input type="checkbox"/> picking up <input type="checkbox"/> Others:
Favorite plays and toys	Home discipline/religious content
how to care (crying)	spcialized care:
Remark:	