

☐master copy ☐to kitchen ☐to guardians

Application for Short Stay (New/ Change of schedule/ Cancel)

TEL 03-5444-1035
FAX 03-6435-0885

入室	退室
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Application available from 9:00 am on the 1st of every month before the desired date of use (excluding Sun, national holidays)

Guardian's name		Pokke ID	Application date 20 / /		
Mobile Phone - -		Child's Name			
First time use of short stay <input type="checkbox"/> Yes <input type="checkbox"/> No		Age	year	month	Gender M・F
year month day date		year		month	day date
Start 20 / / ()		Finish 20 / / ()			
Time from : lunch/ snack/ dinner		Time until : breakfast/ lunch/ snack/ dinner			
Number of nights to stay ____day ____night		Name of kindergarten/school			
【Reason of use】 <input type="checkbox"/> Childbirth <input type="checkbox"/> Sick <input type="checkbox"/> Work <input type="checkbox"/> Nursing <input type="checkbox"/> Caregiving <input type="checkbox"/> Business trip (domestic/overseas) <input type="checkbox"/> Ceremonial occasions <input type="checkbox"/> Others ()		Food Allergies <input type="checkbox"/> none <input type="checkbox"/> yes ()			
Remarks		Exemption <input type="checkbox"/> welfare <input type="checkbox"/> tax-exempt			
		<Agreement> I agree that Pokke confirm my tax status through Children and Families Support Center of Minato-ward, because it is unable to submit of documents certifying exemption until this application. Signature (Name:)			

Charges (for staff use only)

days	date	childcare fee	tax-exempt	break fast	lunch	snack	dinner	meal daily total	
1	/	3,000	1,500	-	500	100	500		
2	/	3,000	1,500	500	500	100	500		
3	/	3,000	1,500	500	500	100	500		
4	/	3,000	1,500	500	500	100	500		
5	/	3,000	1,500	500	500	100	500		
6	/	3,000	1,500	500	500	100	500		
7	/	3,000	1,500	500	500	100	500		
Childcare fee Total yen Meal Total yen									Grand Total yen

for staff use
手渡し・郵送 /

利用料計算・入力	
確認者	
処理者	
料金受取者	
PC精算	

*welfare: Free of charge for childcare, but charged for meals *Submission of "User Certificate" Yes (/) Not yet
*under 4 years old: free of charge for meals

Cancellation fee will occur from noon 12:00pm of the day before the day of use.
You can leave a message to our voice mail or send FAX in case Sun or holiday.
Please call 070-5593-3529 if you need to contact our nursery staff during our non business hour(Mon-Sat 9:00a.m.-5:00p.m.)

◆Correspondence note on the day of use (To be filled out by guardian)

*Child's pick up should be done by parents or the guardians on the pick up list and circled below.
Please make sure to contact us in advance in case of any changes who comes for pick-up.

Pick up by*	Father	Mother	Others (name: relation:)	
Contact person in case of emergency	1) Father	Mother	Others (name: relation:) TEL	
	2) Father	Mother	Others (name: relation:) TEL	
Place you stay: (land-line contact:)				
Body temperature: today °C / normal °C		Bowel movement: normal / hard / soft / diarrhea / none		
Sleeping last night : ~ :	Health condition: good / not good (reason:)			
hours: today : ~ :	Skin rush: no / yes (reason:)			
Meal: lunch/snack : Quantity: moderate/little	Medication: no / yes (
Milk: last time : (cc)	Immunization in a week : no / yes (date: name:)			
↓ Request during stay				
Nap: yes / no / leave it to Pokke		Play outside: yes / no (reason)		
Time for bottle feeding: 1st) : (cc) 2nd) : (cc) 3rd) : (cc)				
Favorite plays / toys		Notes :		

◆Check list of belongings

Name of your child											
Period	20	/	/	()	-	20	/	/	()

include cloths your child wearing now.

* = indispensable item

					IN	Night time	OUT
					✓	✓	✓
					confirmed by		
		Item	Remarks	Unit			
cloths	*	underwears (x3sets)					
	*	T-shirts (x3)					
		button shirts					
	*	pants (x3)					
		skirt					
		sweatshirt					
		sweater					
		cardigan					
		vest					
		outer					
shoes	*	play shoes					
	*	socks (2pairs)					
sleeping	*	pajama (1set)					
	*	big towels (x2)					
daily necessities	*	plastic bag (x3) for used cloths/ to bring back crafts made					
	*	toothbrush					
	*	tooth paste					
		Mask (number of stay)					
rain items		umbrella					
		rainwear					
		rainboots					

Put your child's full-name clearly on all belongings. If not, we are not responsible for any trouble that may occur.

* = indispensable item

					IN	Night time	OUT
					✓	✓	✓
					confirmed by		
		Item	Remarks	Unit			
for baby	*	diapers					
	*	wipers					
	*	formula (powder/cube)					
	*	milk bottle					
	*	bib					
for school child		school uniform /hat					
		study items					
		school bag					
		hand bag					
		handkerchief/ tissues					
		hair brush					
		train pass (Suica・PASMO)					
		School tablet					
		mobile phone					
		recharger					
others		baby stroller					
		hair slide/elastic					