• •		J	, ,	lst of every mo			late of use (exc	FAX 03-6435-0885 cluding Sun, national h	olidays)	
	n's name					Pokke ID	, , , , , , , , , , , , , , , , , , , ,	Application date 20 /		
Mobile	Phone year	- mon	th c	- day da	te	Child's Nam	ne	7 20 7		
Date	20	/	/	()	Age	year	month	Gende	r M·F
Time	from	:	to	:		Dinner (18:	30) □Yes	S□No		
First tim	ne use [⊒Yes □No)			Name of kir	ndergarten/scl	nool		
Reaso	n of use	□Childbirt	th □Sick □\	Work □Nursin	g	Food Allows	ina 🗆 🗆	Dues		
☐Caregiving ☐Business trip (domestic/over				rseas) Ceremonial		Food Allerg	ies unone	□yes (
occasio	ns □Other	s ()		Exemption	□we	lfare □tax-exempt		
				<agreement></agreement>						
				-		•	nts certifying ex	n and Families Support C emption until this applic ure (Name:		ato-ward,
Charge	es (for staf	ff use only)								
◆childcare fee		Mon-Sat		Sun/National	Sun/National holidays				入力者	
		2,000	yen (2,500 ye	n	□500 yen				
<w< td=""><td>vf> free</td><td colspan="2"><e> 1,000 yen</e></td><td colspan="2"><e> 1,250 yen</e></td><td></td><td colspan="2">□Free (under 4 years old)</td><td>確認者</td><td></td></w<>	vf> free	<e> 1,000 yen</e>		<e> 1,250 yen</e>			□Free (under 4 years old)		確認者	
TOTAL yen					ı can leav		from noon 12:00pm of the day before the message to our voice mail or send FAX in			
Please o	call 070-55 9	93-3529 if yo	ou need to co		•	during our non l	business hour(Mon-Sat 9:00a.m5:0	0p.m.)	<u> </u>
▲ Corr	rocnondo	nco moto c	n the day	of use /To b	a fillad	out by guard	lian\			
	-		-	•		out by guard pick up list and	-			
						vho comes for p		•		
Pick up	by*	Father	Mother	Others (nar	ne:		relation:)		
	person in	1) Father	Mother	Others (na	me:		relation:) TEL		
case of	emergency	2) Father	Mother	Others (na	me:		relation:) TEL		
Place y	ou stay:					(land-line con	tact:)
Body te	mperature:	today	°C / ı	normal °C	Вс	owel movement	:: normal / I	hard / soft / diarrhea	/ none	
Sleeping last nigh hours: today		it : ~		: <u> </u>		lealth condition: good / not good (reason:)
		:	~	: Skin		in rush:	rush: no / yes (reason:)
Meal:	lunch/sr	nack :	Quantity	: moderate/litt	le M	edication:	no / yes (
Milk:	last time	:	(cc)	In	nmunization in a	a week∶no/y	es (date: na	me:	
↓ Requ	est during s	stay								
Nap:	no / yes	/ leave it to	Pokke							
	r bottle fee		lst) :	(cc)	2nd)	: (cc)		
Favorite	e plays / toy	/S		Notes:						
ch	ange of clo	thes □un □sho □dia	derwear(p bes □bath pers in plasti	cs) □shorts(towel for nap : c bags(pcs)	pcs) x2 □pl □wipes	lastic bags □c	s) □pants(others(pcs) □socks(pcs) y bottles(pcs)	□coat)	
				out by staff	-	7ft (#b) '	. \/□"	where (下点) /	<u> </u>	
	movement	(排)	□hard(硬)				· · · · · · · · · · · · · · · · · · ·	rhea(下痢)(:	<u>, </u>	
	ne(仮眠) (夕食)	: comple	~ : te (全量)	` ' '		t : (_ g stay(保育中	cc) / の様子)	2nd : (cc)	
rice/b	read(主食)	-	(工工)	Cilia S Dellav	.or durill	Paral (NVH.).	~ W J /		_	
	dish(主菜)				/ u+ =¬	- _T		Name of staff(スタ	ッフ名)	
	ish(副菜) (汁物)	fruit	:(果物)	Special note	(特記事	·垻)		Name of staff(スタ	ッフ名)	

Application for Twilight Stay (Night Care) 17:00~22:00

TEL 03-5444-1035

^{*○=}complete(完), ◎=refill(おかわり), x=no eat(食べない)