

# Questionnaire for Childcare

	Registration Date	Interview	PC input	Confirm
Temporary Childcare	20 / /	/	/	/
Twilight Stay	20 / /	/	/	/
Short Stay	20 / /	/	/	/

Pokke ID No. ( )

Child	Family name (furigana)	Last Name (furigana)	Male / Female	Date of birth (Y/M/D) 20 / /	picture of child size: 4x4 (cm)  On the backside of the picture, write the name of the person, Pokke ID # (or child's name)
			Nickname:	Age: Yrs Mos	
	School name: ( )		Family member: father/mother/G.Father/G.Mother/brother /sister		
	nursery/ kindergarten/ elementary/ junior high Grade: ( )		TEL:		
	After school program ( )				
	Address: 〒				

Guardian(s)	family name (furigana)	last Name	relationship	Family name (furigana)	Last Name	relationship
			occupation			occupation
	Date of birth (optional) Y/M/D / /			Date of birth (optional) Y/M/D / /		
	address (if different from above): 〒					

Health condition	<input type="checkbox"/> primary care doctor	<input type="checkbox"/> health insurance certificate: (No. )
	<input type="checkbox"/> average temperature ( °C)	<input type="checkbox"/> child medical insurance certificate: (No. )
	<input type="checkbox"/> chronic illness No Yes ( )	<input type="checkbox"/> maternal and child health handbook: (No. )
	<input type="checkbox"/> allergies except food No Yes ( )	
	<input type="checkbox"/> febrile convulsion No Yes (number of times heretofore: when was it: Yrs Mos )	
	<input type="checkbox"/> anamnesis: roseola / otitis media / pneumonia / asthma / dislocation / afebrile convulsion Kawasaki disease / others ( hospital stay or surgery )	
	<input type="checkbox"/> vaccination: Hib / childhood pneumococcal / DPT-IPV / BCG / measles-rubella / varicella Japanese encephalitis / HPV / hepatitis B / rotavirus / mumps / influenza	
Food	<input type="checkbox"/> food allergies: None / Unknown Yes ( )	<input type="checkbox"/> breast milk time interval ( ) <input type="checkbox"/> milk Qty ( cc at once) time interval ( )
	<input type="checkbox"/> favorite food: ( ) Qty. lots / moderate / little	<input type="checkbox"/> baby food all day / breakfast / lunch / dinner
Elimination	<input type="checkbox"/> diapers / pants	
	<input type="checkbox"/> number of bowel movements: times per day *constipation No / Yes ( )	
Sleeping	<input type="checkbox"/> naptime: No / Yes ( : - : for hours ) ( : - : for hours)	
	<input type="checkbox"/> sleeping habits: co-sleep / alone / on back / at breast / others ( )	
<input type="checkbox"/> favorite plays / toys	<input type="checkbox"/> language: Japanese / English / others ( )	
<input type="checkbox"/> special notes during stay at Pokke	<input type="checkbox"/> experiences nursed by non-guardians Yes / No if Yes → by grandparents / nursery / friends / others ( ) frequency: ( ) times per week/month / sometimes / not often	
Remarks: <input type="checkbox"/> wish to use Pokke → already have date(s) to use / will use shortly / no plan but in case		

### Agreement

I confirmed the guidelines for using Minato Child Care Support Plaza Pokke and agreed to the usage fee and the cancellation policy.

★Regarding personal information

The personal information we receive from you will be used for business operations only.

You can check our privacy policy on our website.

Date: 20 / /

Guardian's Signature: \_\_\_\_\_