Nursery Service Application Form

Date of entry:

|  |  |  |  |
| --- | --- | --- | --- |
| Child | Name: | ☐ Boy☐ Girl | Age: year monthDate of birth:  |
| Applicant | Name: | Relationship: | Emergency contact number (cell phone number): |
| Address: |
| TEL | FAX |
| Requested time for nursery service | Date and time | Venue (applicant) |
| From : to : on -…………, March , 2016 |  |
| From : to : on……………., March , 2016 |  |
| From : to : on………………, March , 2016 |  |
| From : to : on …………….., March , 2016 |  |
| From : to : on ………………, March , 2016 |  |
| Pre-existing conditions  (e.g., allergy) |  |
| Powder milk, breast milk, baby food | <Powder milk> cc per feeding (every hours)<Breast milk> (every hours)<Baby food> at around o’clock |
| Toilet,type of toilet | Diapers/ Under Potty training/ Wearing underwear/ Uses toilet alone: ☐ Yes, ☐ No, ☐With assistance/ Preferred type of toilet: ☐ Japanese style, ☐ Western style, ☐ Either |
| Normal body temperature  | - °C |
| Nap | ☐ Yes, ☐ No | from about o’clock for about hours |
| Favorite activities and goods |  | May play outside during service | ☐ Yes☐ No |
| Daily childcare | ☐ At home, ☐ Group nursing, ☐ Others ( ) |
| Special instruction | (Special notes on personality and behavior, things to be aware of) |

[Handling of personal information]

\*The information contained herein is collected as basic information to be used by the nursing service. We will not use the information for any other purpose. We will delete or change the information as requested.

Baby Sitter Club, Smile Mammy