

Application form of a day nursery

The use day	Date/	Month/	Year/
The use time	Morning ▪	Afternoon ▪	All day

Address

Your name			
Home Address	Post code		
Telephone	Mobilephone	Homephone	

About your child

Name		The date of birth	Date/	Month/	Year/
		Age			
	Male ▪ Female	Daily nursing	Home ▪	Nursery School ▪	Kindergarten

※We don't use your personal data that you write down here besides a purpose of administration management.

- ①Has he or she ever had a serious illness or injury? (Yes ▪ No)
- ②How is his or her health today? (Good ▪ a touch of cold ▪)
- ③Does he or she have an allergy? (Yes ▪ No)
 Contents of Allergy ()
- ④Can he or she go to the toilet by himself or herself?
 a. He or She can do. b. He or she tell other people.
 c. He or she does a diaper. d. Others ()
- ⑤We ask you about a nap. What time does he or she always take a nap in? ()
 How do you have him or her sleep?
 a. You carry him or her on your back. b. You carry him or her in your arms.
 c. Others()
- ⑥What is his or her favorite play? ()
- ⑦Please write down here about a care of your child if you have a request to us.
 ()

Notes (Please read the following lists.)

- Please have your child a breakfast or lunch before you come to a day nursery.
- We are afraid we won't accept to have your child in case he or she would be sick.
- We are afraid we won't accept to have your child in case the following lists. Thank you for your understanding.
 - Your child is under one year.
 - Your child have a fever or is in bad health on that day.
 - In case of the following suspicion of infection. (Please bring a certification by doctor if your child would recover.)

Chicken Pox, Measles, Mumps, Tumor in the mouth, Rubella, Impetigo,
 Vomit and Diarrhea, Water wart, Conjunctivitis, Whooping cough, Influenza, Cold

- In case that nurse judge it's difficult to have your child.
- We'll have a cancellation fee(3000yen), when there are no contacts until used one hour before.
- We'll have a late charge(2000yen), if you don't come even if you pass time to come to receive for 10 minutes.

Agreement	
Your child's name/ _____	The date of Birth/ _____
I confirm and agree the above mentioned notes about the use of a day nursery.	
Date/ _____ Month/ _____ Year/ _____	Signature/ _____

Please fax or email this application form to the following number or address.
 FAX: +81 (0)195-73-5842
 Email: infome@ihr.co.jp
*** The limited numbers of the spot. Will contact you when we cannot provide the spot.**