

CHILDCARE APPLICATION FORM (託児申込書)

Reservations can be made up to one month in advance and a separate application form for each month must be filed no later than three weeks before the reservation day.

In the case of the cancellation, please notify us of it at least **two days** prior to the date of the reservation.

Today's Date: (_____ year / _____ month / _____ day)

Dates of Reservation (mm/dd) (託児予約日)	(/) (/) (/)
Reservation Time	10:00 – 11:45
Parent's Name (保護者氏名)	
Parent's Home Address (住所)	
Phone Number (電話番号)	

〈About your child〉

Katakana (カタカナ)		Child's gender	<input type="checkbox"/> Male (男) <input type="checkbox"/> Female (女)
Child's name (お子様の名前)		Nationality (国籍)	
Birthdate (誕生日)	_____ Year(年) / _____ Month(月) / _____ Day(日) (Age : _____ years and(歳) _____ months old(ヶ月))		
Toilet training (トイレの様子)	<input type="checkbox"/> still in a diaper / (オムツ) <input type="checkbox"/> is in toilet training / (トレーニング中) <input type="checkbox"/> She(He) can tell you / (自分で言える) <input type="checkbox"/> She(He) can walk to the toilet by herself(himself) / (自分でできる)		
Health Information (健康について)	Normal body temperature °C (平熱)		
	Any known allergies? (アレルギー有無) : <input type="checkbox"/> Yes.[] / <input type="checkbox"/> No.		
	Special health concerns to be careful of. (特に注意すべき体質・病気) (e.g. asthma, dislocation etc.) (例:小児ぜんそく、脱臼 など)		
Special instructions (care, feeding, sleeping, etc.) (特に注意すべき事項)			
What language do you use to communicate with your child? (通常使用している言語)			

Submit Application to : Chuo Cultural and International Exchange Association (CCIEA)
 1-13-24 SHINTOMI, CHUO-KU, TOKYO
 104-0041 JAPAN
 Phone : 03-3297-0251 FAX : 03-3297-0253
 Email: bunkoku@chuo-ci.jp