JALT2022 Child Care Information Form

(Please write (in print) and circle where appropriate)

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Usage time		月	日	()					:	~	:		
Usage time		月	日	()					:	~	:		
Parent / Guardian name:							Sar	n Ms Mr I	Or Prof					
Address :	-													
Phone number Em						nail @								
Parent / Guar	rdian name:						San Ms Mr Dr Prof							
Address (if sa	ıme leave blank):	-											
Phone numb		-					nail @							
Name of a person who may collect child (*If different from the person/s at Name San Ms Mr Dr Prof(Relationship						above)) Ph:	-	-						
Child's name	(Katakana)						Nickname: Gender: Male • Female							
Date of birth (YYMMDD: / / Age : years months						Childcare experience: No•Yes(Times) Kindergarten•Nursery School•occasional care								
💥 at the time	e of using this C	hildca	re Se	ervio	e									
Nap: No • Yes Time : Sleeps:face-up • face-down • side •any					Bottled milk: No• Yes (every hour(s)) Feeding time: around : Amount of milk cc / time									
													y child. Ye	es No
Meals :with parent • packed lunch # of meal•Time : Times(: • :)					Toileting : can do alone : in training : diaper									
					:Use reminder say[
Allergy : No •Yes()				: No reminder every minutes										
Favorite play	:						Othe	r :						
Times and Da	ates:													
Fri 11日							In	:	Out	:	In	:	Out	:
Sat 12日					In In	:	Out Out	:	In In	:	Out Out	:		
Sun 13日						In	:	Out	:	In	:	Out	:	
Mon 14日														
Child's name	(Katakana)						Nickr	name	:					
							Gend	er:	Male •	Fema	ale			
	(YYMMDD: /	/					Child	care	experien	ice: N	o•Yes(Times)	
Age : ye	ars months e of using this C	hildca	re Se	ervio	:e				ten•Nurs				al care	
							Bottle	ed m	ilk: No•	Yes (every _	ho	our(s))	
Nap: No · Yes Time :				Feeding time: around :										
Sleeps:face-ι	up • face-down	• side	•any	/			Amount of milk cc / time I need a private space to breastfeed my child. Yes No							
NA1	L	-1							:can do					23 110
Meals : with parent • packed lunch # of meal • Times(: • :)						:in training· diaper								
# Of mean filme : filmes(; * ;)					: Use reminder say [

minutes

every

: No reminder

Allergy : No •Yes(

Favorite play:	Othe	er :						
Times and Dates:								
Fri 11日 Sat 12日 Sun 13日 Mon 14日	In In In In	: : :	Out Out Out Out	: : :	In In In In	: : :	Out Out Out Out	: : :

Child's name (Katakana)	Nickname: Gender: Male • Female						
Date of birth (YYMMDD: / / Age : years months X at the time of using this Childcare Service	Childcare experience: No•Yes(Times) Kindergarten•Nursery School•occasional care						
Nap: No • Yes Time : Sleeps:face-up • face-down • side • any	Bottled milk: No• Yes (every hour(s)) Feeding time: around : Amount of milk cc / time I need a private space to breastfeed my child. Yes No						
Meals : with parent • packed lunch # of meal•Time : Times(:•:) Allergy : No •Yes()	Toileting: can do alone cannot do alone: in training diaper: Use reminder say : No reminder every minutes						
Favorite play:	Other :						
Times and Dates: Fri 11日 Sat 12日 Sun 13日 Mon 14日	In : Out :						

Child's name (Katakana)	Nickname: Gender: Male • Female						
Date of birth (YYMMDD: / / Age : years months X at the time of using this Childcare Service	Childcare experience: No•Yes(Times) Kindergarten•Nursery School•occasional care						
Nap: No • Yes Time : Sleeps:face-up • face-down • side •any	Bottled milk: No• Yes (every hour(s)) Feeding time: around : Amount of milk cc / time I need a private space to breastfeed my child. Yes No						
Meals :with parent • packed lunch # of meal•Time : Times(: • :) Allergy : No •Yes()	Toileting: can do alone cannot do alone :in training diaper :Use reminder say ! :No reminder every minutes						
Favorite play:	Other :						
Times and Dates: Fri 11日 Sat 12日 Sun 13日 Mon 14日	In : Out :						

Attention: Huy Tran Mail: thelanguagekitchen@gmail.com