

JALT2022 Child Care Information Form

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

Date / /

Usage time	□ 月 日 ()	: ~ :
Usage time	□ 月 日 ()	: ~ :

Parent / Guardian name:		San Ms Mr Dr Prof	
Address : -			
Phone number - -		Email @	
Parent / Guardian name:		San Ms Mr Dr Prof	
Address (if same leave blank): -			
Phone number - -		Email @	
Name of a person who may collect child (*If different from the person/s above)			
Name		San Ms Mr Dr Prof(Relationship) Ph: - -	

Child's name (Katakana)	Nickname: Gender: Male • Female
Date of birth (YYMMDD: / / Age : years months ※ 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	In : Out : In : Out :
Sat 12日	In : Out : In : Out :
Sun 13日	In : Out : In : Out :
Mon 14日	In : Out : In : Out :

Child's name (Katakana)	Nickname: Gender: Male • Female
Date of birth (YYMMDD: / / Age : years months ※ at the time of using this Childcare Service	Childcare experience: No•Yes(Times) Kindergarten•Nursery School•occasional care
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