

Day Care Room for Infants on Waiting Lists for Nursery Schools Application Form

Date (Y/M/D): / /

To: The Director of the Gender Equality Promotion Center

I hereby apply for the use of the Day Care Room for Infants on Waiting Lists for Nursery Schools, as follows.

I agree that information contained herein may be used for Day Care Room's administrative and other operations.

Signature _____

1. Parents' Information

| | | |
|--------|---------------|-----------------------------|
| Mother | Name | |
| | Place of work | Name: Address: Phone: |
| | Position | |
| | Work Schedule | Work Days: Work Hours: |
| | Contact | Cell Phone: E-mail: |
| Father | Name | |
| | Place of Work | Name: Address: Phone: |
| | Position | |
| | Work Schedule | Work Days: Work Hours: |
| | Contact | Cell Phone: E-mail: |

2. Grand Parents' Information (If deceased, draw a diagonal line across the space for that person)

| | | | | |
|----------------------|---------------------------------------|----------|-------------|----------------|
| Paternal Grandfather | Name: | Age: | Occupation: | Health status: |
| | Living together / Not living together | Address: | | |
| Paternal Grandmother | Name: | Age: | Occupation: | Health status: |
| | Living together / Not living together | Address: | | |
| Maternal Grandfather | Name: | Age: | Occupation: | Health status: |
| | Living together / Not living together | Address: | | |
| Maternal Grandmother | Name: | Age: | Occupation: | Health status: |
| | Living together / Not living together | Address: | | |

3. Child's Information

| | | | |
|--|---|--------|-------|
| Name | | | |
| Date of Birth | (Y/M/D) | Gender | M / F |
| Current Care Situation (Please circle) | - At home by (father / mother) - At home by (grandfather / grandmother) - Brought to (mother's / father's) workplace - Relative - Other () | | |

4. Brothers/Sisters' Information

| Name | Date of Birth(Y/M/D) | Name of Nursery / School |
|------|----------------------|--------------------------|
| | | |
| | | |

5. Desired period of use / Amount of Care (Please indicate the days of the week you intend to use)

| | | | | | |
|--------|------|---|---|---------|----------------------------|
| Period | From | / | / | (Y/M/D) | days/week |
| | to | / | / | (Y/M/D) | |
| | | | | | * Mon. Tue. Wed. Thu. Fri. |

6. The Name of the Welfare Office where you submitted your application for a nursery school and the date of submitting your application. (Ex. Sakyo Welfare Office, Kyoto City. 2013/06/06)

| | |
|-------|---------------|
| Name: | Date: (Y/M/D) |
|-------|---------------|

7. Other Matters of Special Note