Appended Form 1　　　　　　　　　　　　　　　　　　　　　　　　　 　【Monthly Use】

NAOJ Childcare Room Application Form /　 　/

Year / month / day

Dear Chairperson of the Gender Equality Promotion Committee

Applicant’s Address: 〒

Division:

Job Title:

Applicant’s Name:　　　　　　　　　　　　　Signature

Work Telephone Number (Ext):

Home Telephone:

Mobile Telephone:

E-mail Address:

I apply to Childcare Room (monthly use) and I comply with NAOJ Childcare Room Rules and Regulation.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Name | Family Name | | | | | Given Name | |
| Child’s (Expected) Date of Birth | | (yyyy)　　 (mm)　 　(dd)　 □Born　　□Expected | | | | | |
| Age | Year(s)　　　　Month(s) | | | Gender | | | □　Male　　　□　Female |
| Address (if different from applicant) | |  | | | | | |
| Health Condition | □　Good　　　　　　□　Remarks (　　　　　　　　　　　) | | | | | | |
| Reasons to apply for Childcare Services (please attach relevant document(s)) | | | | | | | |
| Family Members | Name | Date of Birth | Gender | | Relation | | Employer・Occupation |
|  |  |  | |  | |  |
|  |  |  | |  | |  |
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|  |  |  | |  | |  |
|  |  |  | |  | |  |
| Current Child Care  Status | □　Maternity　Leave　(until　　　(yyyy)　　　(mm)　　　(dd) )  □　Parent is taking child care leave　(until　　　(yyyy)　　　(mm)　　　(dd))  □　Babysitter　 □ Other family member is taking care of the child(ren)at home  □　Taking child(ren) to work　　　□　Taking care of the child(ren) outside of home | | | | | | |
| Preferred Nursery  Start Date | From (yyyy) (mm) (dd) to (yyyy) (mm (dd) | | | | | | |
| Preferred Nursery  Hours | From : Until : | | | | | | |
| Childcare Facility Application Status | Authorized Childcare Facility □Applied　(　□　Waiting for approval　　□　Rejected※)  Certified Childcare Facility　 □Applied　(　□　Waiting for approval　　□　Rejected※)  Other　　　　□Applied　(　□　Waiting for approval　　　□　Rejected※)  　　　　　　　　　　　　　　　　　　　　※Proofing documents attached. | | | | | | |
| List of any known allergies and any medical conditions that this child may have. | | | | | | | |
| Other relevant and helpful information about the child | | | | | | | |

notes：Please mark ✔ the check box □

(総務課記入欄)平成　　年　　月　　日

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 申請者身分 | | | | | 兄弟姉妹の  利用 | 受入  Please notify if any information change in the future |
| 常勤・年俸制 | 非常勤 | 学振 | フェロー | 院生 |
|  |  |  |  |  | 有・無 | 可・不可 |