

NAOJ Childcare Room Application Form

【Monthly Use】

____ / ____ / ____
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)	<input type="checkbox"/> Born	<input type="checkbox"/> Expected
Age	Year(s)	Month(s)	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address (if different from applicant)					
Health Condition	<input type="checkbox"/> Good <input type="checkbox"/> Remarks ()				
Reasons to apply for Childcare Services (please attach relevant document(s))					
Family Members	Name	Date of Birth	Gender	Relation	Employer • Occupation
Current Child Care Status	<input type="checkbox"/> Maternity Leave (until (yyyy) (mm) (dd)) <input type="checkbox"/> Parent is taking child care leave (until (yyyy) (mm) (dd)) <input type="checkbox"/> Babysitter <input type="checkbox"/> Other family member is taking care of the child(ren)at home <input type="checkbox"/> Taking child(ren) to work <input type="checkbox"/> 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 <input type="checkbox"/> Applied (<input type="checkbox"/> Waiting for approval <input type="checkbox"/> Rejected※) Certified Childcare Facility <input type="checkbox"/> Applied (<input type="checkbox"/> Waiting for approval <input type="checkbox"/> Rejected※) Other <input type="checkbox"/> Applied (<input type="checkbox"/> Waiting for approval <input type="checkbox"/> 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
常勤・年俸制	非常勤	学振	フェロー	院生		
					有・無	可・不可

Please notify if any information change in the future

