Appended Form 2　　　　　　　　　　　　　　　　　　　　　　　　　　　 【Temporary 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 (temporary use) and I comply with NAOJ Childcare Room Rules and Regulation.

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Name | Family Name | | Given Name |
| Child’s Date of Birth | (yyyy) (mm) (dd) | | |
| Child’s Age | Year(s)　　　 Month(s) | Gender | □　Male　　□ Female |
| Preferred Nursery  Date | From (yyyy) (mm) (dd) to (yyyy) (mm (dd) | | |
| Preferred Nursery  Hours | From : Until : | | |
| Feeding  (for infant) | Amount　　　　cc　　　　　Every hours  　　□　breast milk (frozen)　　　　　□　formula | | |
| Toilet | □　Diaper (paper・cloth)　□　on Training　□　Other (　　　　　　　) | | |
| Health Condition | □　Good　　　□　Remarks (　　　　　　　　　　　　　　　) | | |
| Allergy | * Non　□　Yes (detail;　　　　　　　　　　　　　　　　　　　 　) | | |
| Need catered lunch? | * Yes　　□ No | | |
| Other Notes | (Specify if preferred nursery hours vary depending on the day) | | |
| Applicant’s location during the childcare hours | □　at NAOJ (specify：　　　　 　　)  □　outside of NAOJ (business trip：　　　　　 　) | | |

notes：Please mark ✔ the check box □

(総務課記入欄)平成　　年　　月　　日

|  |  |
| --- | --- |
| 利用登録 | 受入 |
|
| 済・同時・未 | 可・不可 |