

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 <input type="checkbox"/> Male <input type="checkbox"/> Female
Preferred Nursery Date	From _____(yyyy)_____(mm)_____(dd) to _____(yyyy)_____(mm)_____(dd)		
Preferred Nursery Hours	From _____:_____ Until _____:_____		
Feeding (for infant)	Amount	cc	Every _____hours <input type="checkbox"/> breast milk (frozen) <input type="checkbox"/> formula
Toilet	<input type="checkbox"/> Diaper (paper · cloth) <input type="checkbox"/> on Training <input type="checkbox"/> Other ( _____ )		
Health Condition	<input type="checkbox"/> Good <input type="checkbox"/> Remarks ( _____ )		
Allergy	<input type="checkbox"/> Non <input type="checkbox"/> Yes (detail: _____ )		
Need catered lunch?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Notes	(Specify if preferred nursery hours vary depending on the day)		
Applicant's location during the childcare hours	<input type="checkbox"/> at NAOJ (specify : _____ ) <input type="checkbox"/> 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

