Appended Form 3

NAOJ Childcare Room Application Registration 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:

NAOJ Sponsor’s Name:

(if Applicant is not NAOJ employee)

Sponsor’s Telephone:　　　　　　　　　　　　　Ext：

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 |
| Address (if different from applicant) | |  | | | | |
| Health Condition | □　Good　　　　　　　□　Remarks (　　　　　　　　　　　) | | | | | |
| Reasons to apply for Childcare Service | | | | | | |
| Family Members | Name | Date of Birth | Gender | | Relation | Employer and Occupation |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
| Current Nursing  Status | □ Parent is taking child care leave　(until　　　(yyyy)　　　(mm)　　　(dd))  □ Family member is taking care of the child(ren) at Home  □ Babysitter  □ Taking child(ren) to Work  □ Taking care of the child(ren) outside of home (at ) | | | | | |
| List of any known allergies and any medical conditions that this child may have. | | | | | | |
| Additional relevant information about 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 | 外部 |
|  | |  |  |  |  |  | 有・無 | 可・不可 |