Appended Form 3

## NAOJ Childcare Room Application Registration Form

Year /	month	/ day

Dear	Chairperson	of the	Gender	Equality	Promotion	Committee
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Applicant's Address:  $\overline{\top}$ 

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)(			nm)( <u>dd)</u>			
Child's Age	Year(s)	Month(	s)	Gender	□ Male	☐ Female	
Address (if different fro	om applicant)		•				
Health Condition	□ Good □ Remarks			emarks (		)	
Reasons to apply for (	Childcare Service						
	Name	Date of Birth	Gender	r Relation	Employer a	nd Occupation	
Family Members							
	☐ Parent is taking child care leave (until (yyyy) (mm) (dd))						
Current Nursing	☐ Family member is taking care of the child(ren) at Home						
Status	□ 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.							
List of any known and	ergies and any med	ilcai conditions ti	nat tills	ciiiu iiiay iia	ave.		
Additional relevant information about child							
Notes: Please mark 🗸							

(総務課記	已入欄)平	ヹ成 年	月	目				
申請者身分				兄弟姉妹の	受入			
常勤•	<b>F俸制</b>	非常勤	学振	フェロー	院生	外部	利用	文八
							有・無	可・不可