

Family Status Report

Child's name ()

		Mother's Status	Father's Status		
Employment status	Working place	In the residence (Working at home) Out of the residence (Working outside)	In the residence (Working at home) Out of the residence (Working outside)		
	Type of employment	full-timer part-timer temporary staff/contracted self-employed co-worker for self-employed corporate administrator corporate executive side job received official job-offer job searching other ()	full-timer part-timer temporary staff/contracted self-employed co-worker for self-employed corporate administrator corporate executive side job received official job-offer job searching other ()		
	(Name of the temporary employment agency)				
	Work address				
	Address of the company/employer				
	Phone at the company/employer	()	()		
	Date of Employment/ Starting Date of the company	Yr. Mo Day	Yr. Mo Day		
	The number of official workdays/ holidays	from hr min to hr min In total hrs work/day (average) days work / Week or Month average Holidays Sun. Sat. Others ()	from hr min to hr min In total hrs work/day (average) days work / Week or Month average Holidays Sun. Sat. Others ()		
	Overtime ※if it occurs constantly	none yes (average: hours /per day)	none yes (average: hours /per day)		
	Would like to apply for a monthly extended-hours childcare service	No Yes ※Service of extended-hours childcare service is available after a child becomes one year old.			
	Description of job				
	Salary	Ave. Monthly Salary (yen including tax)	Ave. Monthly Salary (yen including tax)		
	Previous Employment	no, yes (hired from yr. mo. day /retired yr. mo. day)	no, yes (hired from yr. mo. day /retired yr. mo. day)		
	Maternity Leave Child Care Leave	Maternity Leave: from Heisei yr. mo. day to Heisei yr. mo. day (parent) Child Care Leave: from Heisei yr. mo. day to Heisei yr. mo. day mother father			
Other Status	Childbirth	Expected Delivery date Heisei yr. mo. day			
	Illness	Illness () hospitalized/visiting from yr. mo. (per wk.) expected recuperation for approx. Months	Illness () hospitalized/visiting from yr. mo. (per wk.) expected recuperation for approx. Months		
	Disability	Disability () Handbook yes no (type level)	Disability () Handbook yes no (type level)		
	Nursing Care	relation&name from yr. mo. Illness () home care hospitalized visiting doctor other () daily dys/wk. from hr. min to hr. min	relation&name from yr. mo. Illness () home care hospitalized visiting doctor other () daily dys/wk. from hr. min to hr. min		
	Others	School name () entered yr. mo. expected completion yr. mo. class hours days/wk. from hr. min to hr. min reasons: schooling technical license Japanese language other ()	School name () entered yr. mo. expected completion yr. mo. class hours days/wk. from hr. min to hr. min reasons: schooling technical license Japanese language other ()		
	Medical care expenses claimant certification(Specified Incurable Disease)	no yes (mother father)			
Single Parent	divorce death separation not married Separated for divorce other () from yr. mo. support for bringing up the child yes yen/mo. no				
On welfare	no yes (from yr. mo. day)				
Commuting details	Route: home→ →work required commuting time () min	Route: home→ →work required commuting time () min			
Grandparents' status	father's	G - F	name (age)	residence Living together/ separately	reasons for not being able to assist <input type="checkbox"/> living overseas <input type="checkbox"/> Others ()
		G - M	(age)	Living together/ separately	<input type="checkbox"/> living overseas <input type="checkbox"/> Others ()
	mother's	G - F	(age)	Living together/ separately	<input type="checkbox"/> living overseas <input type="checkbox"/> Others ()
		G - M	(age)	Living together/ separately	<input type="checkbox"/> living overseas <input type="checkbox"/> Others ()
Due date of delivery					

*Confirmation report is necessary for each child.

Confirmation Report

1 Current child care

① currently, who is taking care of your child?

- The child is nursed at a professional facility → Monthly contract Facility name : _____
→ Please submit the Certificate of providing day nursery service
※ Submission of this document is not required if you are applying for public day nursery rooms · home-visit childcare service (Poppins · Florence).
- Temporary nursing Facility name : _____
→ For a regular use of non-municipal nurseries, please submit the Certificate of providing day nursery service
- The child is not nursed at a professional facility → (Mother · Father · Other _____) is nursing my child.
 Child is taken to the workplace of (Mother / Father / Other)
 Other (please be specific) _____

② In case you will wait until your child will be able to enroll in the preferred nursery. (possible to change)

- I will extend my childcare leave, but if my admission application is accepted, I will return to work in the month of admission.
- I will extend my childcare leave. ※ Adjustment index number 22 may be applied.
- Will ask a nursery facility to take care of the child with fees.
- Will take the child to the workplace. (Father's workplace / Mother's / Other's)
- Will ask someone to take care of the child. (Grandfather / Grandmother / friends / acquaintances)

2 Extended-hour nursery (For children older than one year old)

- Nursery hours : Public day nurseries 18:30-19:30 ※ In case of private nurseries (including Kodomo-en), each facility sets its extended hours.
- If you wish to use the extended-hour nursery service, you must apply for it separately. Please apply at each nursery after your child is accepted.
- In case that there is no vacancy in the facility or the applicant is not employed currently (job searching, received job offer or disease requirements etc), you are not able to use this service.
- Those who are on maternity or child-care leave basically cannot use the service, so it is requested to stop using it during the period.
- Extended nursery hours will be determined based on the guardians' working and commuting time as well as family situations.
- You can request for extended nursery service on the spot up to 10 times a month.

③ Would you like to apply for extended-hour nursery service of monthly contract?

- Yes ... Submit 'Application form for extended-hour nursery service' to day nurseries when accepted.
- No

④ If application for extended-hour nursery service is not approved,

- I keep the request for the day nursery.
- I withdraw my request for the day nursery.

3 About how to inform the result. Please give us your contact information

* Please write at least two phone numbers reachable in day time with voicemail settings in order of contact preference.

- Non-Japanese nationalities etc. → Please give us the Phone number of your reliable acquaintance who can understand Japanese
 - Those who plan to return to Japan from overseas → Please give us the Phone number in Japan which we can contact to.
- ① _____ () (Mobile phone number Father·Mother / Workplace father · mother /Home /Other)
- ② _____ () (Mobile phone number Father·Mother / Workplace father · mother /Home /Other)
- ③ _____ () (Mobile phone number Father·Mother / Workplace father · mother /Home /Other)

4 Child's development conditions

- ⑤ Do you have any concerns about your child's development and health conditions?** No. not in particular Yes
- ⑥ Do you have any concerns or worries it would interfere for your child in a nursery group life?** No. not in particular Yes

5 Allergies etc.

- ⑦ Does the child have any allergies such as food allergies or atopic dermatitis?** No Yes
- ⑧ Progress of baby food (for the 6 months ~12 months olds)** The first stage (almost liquid) The second stage (paste)
 The third stage (almost solid food) The final stage(solid soft food)
- ⑨ Can the child drink milk (baby formula, water, etc.) with a bottle?** Yes No Breast feeding only

※ Fill in the reverse side of the form also.

7 About development and health condition of child

1	When was your child able to hold his/her head upright?	() months	Not yet
2	Does your child try to look in the direction of your voice when you call him/ her?	Yes	No
3	Does your child look into your eyes?	Yes	No
4	Does your child look for or cry when he/she doesn't see the person who usually is with him/her?	Yes	No
5	When was your child able to walk unassisted?	() months	Not yet
6	When did your child start to utter meaningful words such as "mama" or "bye bye"?	() months	Not yet
7	Does your child understand simple commands such as "come here" "wait" or "don't do that"?	Yes	No
8	Does your child try to communicate by pointing at what he/she wants?	Yes	No
9	Does your child seem to enjoy being with friends?	Yes	No
10	Does your child suddenly hit, bite or shout without any reason?	Yes	No
11	Is your child particular about something such as numbers, shapes, play or foods?	Yes	No
12	Does your child avoid being touched by someone or dislike any sounds?	Yes	No
13	Does your child have difficulties in having a good sleep at night?	Yes	No
14	Has your child ever had a serious illness?	Yes*	No
	*Name of the illness() Name of the hospital ()		
15	Has your child ever had a convulsion or epilepsy?	Yes*	No
	*caused by <input type="checkbox"/> fever <input type="checkbox"/> something else. (years month old °C Times)		
16	Do you currently consult with a doctor or a public health center concerning growth or chronic illness of your child?	Yes*	No
	*Name of the illness or disorder () * Name of the hospital or institution ()		
17	Does your child have a handbook for the physically disabled or for the mentally disabled called Ai-no techyo?	Yes*	No
	* Handbook for the physically disabled(Grade) Ai-no techyo(Grade)		
18	Is your child diagnosed with atopic dermatitis or any other allergies?	Yes*	No
	* <input type="checkbox"/> ① Bronchial asthma <input type="checkbox"/> ② Atopic dermatitis <input type="checkbox"/> ③ Allergic rhinitis (hay fever) <input type="checkbox"/> ④ Allergic conjunctivitis (hay fever)		
	<input type="checkbox"/> ⑤ Foods: egg, wheat, dairy products, others () * The result of allergy testing <input type="checkbox"/> Positive / <input type="checkbox"/> Negative		
	【For office use only】		
* Is your child diagnosed that he/she needs Epipen treatment? <input type="checkbox"/> Yes (when? years old) / <input type="checkbox"/> No			
19	Are there any other concerns about health or growth conditions etc.?	Yes	No
	【For office use only】		

◎ Please answer the questions below referring to Maternal and Child Health Handbook.

	Baby's condition at birth	Normal · Caesarean section · Vacuum extraction · Neonatal Asphyxia			Unknown
	Baby's height and weight at birth	Height (cm) · Weight (g)			Unknown
	In which week of the pregnancy the baby was born?	() weeks			Unknown
Health Checkup	Checkup at 3-4 months	Checkup at 6-7 months	Checkup at 9-10 months	Checkup at 18 months	Checkup at 3 years
	<input type="checkbox"/> Healthy	<input type="checkbox"/> Healthy	<input type="checkbox"/> Healthy	<input type="checkbox"/> Healthy	<input type="checkbox"/> Healthy
	<input type="checkbox"/> Follow-up required	<input type="checkbox"/> Follow-up required	<input type="checkbox"/> Follow-up required	<input type="checkbox"/> Follow-up required	<input type="checkbox"/> Follow-up required
	<input type="checkbox"/> Didn't do	<input type="checkbox"/> Didn't do	<input type="checkbox"/> Didn't do	<input type="checkbox"/> Didn't do	<input type="checkbox"/> Didn't do

※ For children who have disability, illness, developmental delay, etc., we may adjust the day nursery itself and the timing of admission depending on the situation of the day nursery which you applied for admission.

※ Regarding the above subject, we may contact related organizations or accompany with you to the hospital.

I agree with the description of ※ mark above.

Signature of guardian