

Day Care Room for Infants on Waiting Lists for Nursery Schools Application Form

Date (Y/M/D): / /

To: The Director of the Gender Equality Promotion Center

I hereby apply for the use of the Day Care Room for Infants on Waiting Lists for Nursery Schools, as follows.

I agree that information contained herein may be used for Day Care Room's administrative and other operations.

Name _____

1. Parents' Information

Mother	Name	
	Place of work	Name: Address: Phone:
	Position	
	Work Schedule	Work Days: Work Hours:
	Parental Leave Period	
	Contact	Cell Phone: E-mail:
Father	Name	
	Place of Work	Name: Address: Phone:
	Position	
	Work Schedule	Work Days: Work Hours:
	Parental Leave Period	
	Contact	Cell Phone: E-mail:

2. Grand Parents' Information (If deceased, draw a diagonal line across the space for that person)

Paternal Grandfather	Name:	Age:	Occupation:	Health status:
	Living together / Not living together	Address:		
Paternal Grandmother	Name:	Age:	Occupation:	Health status:
	Living together / Not living together	Address:		
Maternal Grandfather	Name:	Age:	Occupation:	Health status:
	Living together / Not living together	Address:		
Maternal Grandmother	Name:	Age:	Occupation:	Health status:
	Living together / Not living together	Address:		

3. Child's Information

Name			
Date of Birth	(Y/M/D)	Gender	M / F
Current Care Situation (Please circle)	- At home by (father / mother) - At home by (grandfather / grandmother) - Brought to (mother's / father's) workplace - Relative - Other ()		

4. Brothers/Sisters' Information

Name	Date of Birth(Y/M/D)	Name of Nursery / School

5. Desired period of use / Amount of Care (Please indicate the days of the week you intend to use)

Period	From	/	/	(Y/M/D)	days/week
	to	/	/	(Y/M/D)	
					* Mon. Tue. Wed. Thu. Fri.

6. The Name of the Welfare Office where you submitted your application for a nursery school and the date of submitting your application.

Name:	Date: (Y/M/D)
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7. Other Matters of Special Note