

**Day Care Room for Infants on Waiting Lists for Public Nursery School (Non-Regular Use)
Application Form**

Date _____

To the Director of the Gender Equality Promotion Center:

I wish to apply to use the Day Care Room for Infants on Waiting Lists for Public Nursery School (non-regular use) as detailed below

I agree to the information provided in this application form being used for the Day Care Room's operations.

Address:

Telephone no.:

Name:

1. Details of parents/guardians

Mother	Name	
	Name and location of workplace	Phone:
	Position	
	Employment type	Working days: Working hours:
	Period of childcare leave	From _____ to _____
	Contact details	Mobile phone: Email address:
Father	Name	
	Name and location of workplace	Phone:
	Position	
	Employment type	Working days: Working hours:
	Period of childcare leave	From _____ to _____
	Contact details	Mobile phone: Email address:

2. Details of child

Name	
Date of birth/Sex	Date of birth _____ Male / Female
Current childcare situation	Please describe in brief:

3. Details of siblings

Name	Date of birth	Name of kindergarten, school, etc.

4. Desired period and number of days of use (one month maximum)

Period of use	From _____ to _____	No. of days of use: _____ days per week
		*Mon./Tue./Wed./Thu./Fri.

*Please circle the days on which you wish to use the service.

*If you wish to use the service on irregular days, please enter the desired dates of use.

5. Other items of note

***Please be sure to attach a copy of one of the following identification documents:
Staff/Student ID, Notice of Employment Conditions, etc.**