

Application Form

Date(Y/M/D): / /

To: The Manager of the Nursery Room for Sick Children

Parent/Guardian: Department: _____

Position/Title/Grade: _____

Name: _____

I hereby apply for admission of the child named herein to Kyoto University Gender Equality Promotion Center Nursery Room for Sick Children, with the required documents attached. I acknowledge that I have read the Guide for Users and understood its contents.

Child	Full Name	Date of Birth	Gender	
		(Y/M/D)	M / F	

【Emergency Contact Details】

Order	Full Name	Relationship to Child	Name/Telephone Number of Place of Work/Laboratory
1			Place of Work: Phone: Cell Phone:
2			Place of Work: Phone: Cell Phone:

【Billing Name】

Full Name	
Faculty ▪ Staff ▪ Student	

【Requests】

Meals	① Yes ② No, will bring lunch from home (specify: _____) ③ No
Medications	① Yes (specify: _____) ② No
Toys	① Yes (list: _____) ② No

----- For Office Use Only -----

Estimated Time of Pick Up: _____ Person Who Will Pick Up the Child: _____

Date(Y/M/D): / / ()

Time of Arrival at Nursery Room: : AM/PM

Time of Leaving Nursery Room: : AM/PM

Hours of Use: hours

Confirmed by Parent/Guardian: _____

Admission Number:
