Application form / consent form

Date: Year Month Day

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| Date of Use | Year　　　　Month　　　　 Day　　　　( ) |
| Reservation Time | Year　　　　Month　　　　 Day　　　　( )a.m./p.m. 　　　-a.m./p.m. (Total time:　　 hours　　　 minutes) |
| Year　　　　Month　　　　 Day　　　　( )a.m./p.m. 　　　-a.m./p.m. (Total time:　　 hours　　　 minutes) |
| Year　　　　Month　　　　 Day　　　　( )a.m./p.m. 　　　-a.m./p.m. (Total time:　　 hours　　　 minutes) |
| Year　　　　Month　　　　 Day　　　　( )a.m./p.m. 　　　-a.m./p.m. (Total time:　　 hours　　　 minutes) |
| EmergencyContacton the day | Mr./Mrs.: 【 】 Relationship to the child:Mobile Phone: Home Phone: |
| Name ofParent/Guardian | Mr./Mrs. Relationship to the child: |
| ContactInformation | AddressHome Phone:Mobile Phone: |
| Name of Child(in hiragana) | (Male/Female) Age: Years Months(Male/Female) Age: Years Months |
| Daily Care | Home / Day nursery / Kindergarten / Others ( ) |
| 1.Has your child ever had a major illness?　　(Yes: / No ) |
| 2.Has your child ever suffered a major injury?　(Yes: / No ) |
| 3.Does your child have any allergies?　　 ( Yes: / No ) |
| 4. Has your child ever experienced seizures? ( Yes / No )・If yes :First occurrence : months of age(Following that, times)・Febrile seizures: More than °C |
| 5. If there are any behaviors or conditions that you would like the staff to know about, please write them here.6. If you have any requests for feeding milk, giving snacks or changing diapers while the child is in our care, please enter them here.1) Please feed cc of milk at a.m./p.m. ：Please give a snack at am/pm 2) Please give after hours.3) i) Please change diapers every hours.or ii) If the diaper is wet or dirty, please change it.4) Other points: |
| **Consent Form**To PIGEON HEARTS CORPORATION Year Month DayName of Child： Name of Child： In regard to the use of this service by the above-mentioned child, I agree to the conditions and terms explained in the separate Pigeon Wendy Childcare Service Agreement.Address Home Phone － － Name of Parent/Guardian 印E-mail  |

※Please stamp your seal or sign your name around the area marked 「印」