

# Application for Short-Stay

checker

FAX 03-6435-0885 ☎ 03-5444-1035

Address 〒		Pokke ID	No.	Today's date					
		Child's Name		M·F					
Family Name		Phone - -		nursery school kindergarten school					
		Age years months							
From	year	mouth	day	Lunch Snack Dinner	Till	year	mouth	day	Breakfast Lunch Snack Dinner
Date	/	/			Date	/	/		
Time	:				Time	:			
Stay	___ days ___ night			Exemption: <input type="checkbox"/> welfare <input type="checkbox"/> Tax exemption					
Reason	Birth, Disease, Business(trip), Care, Ceremony, Others( )			Consent form: For proof of exemption can not keep up, I will ask you to confirm the taxation situation in Children and Family Support Center. Signature:					
Allergies of reactions (food,medicine or other) <input type="checkbox"/> none <input type="checkbox"/> having ( )									
Remark				Hand ( / ) ( / )					

## Charges(from Pokke)

	Date	Rates	Tax exemption	Breakfast	Lunch	Snack	Dinner	One day charge	
1	/	6000yen	3000yen	500yen	500yen	100yen	500yen	yen	
2	/	3000	1500	500	500	100	500	yen	
3	/	3000	1500	500	500	100	500	yen	
4	/	3000	1500	500	500	100	500	yen	
5	/	3000	1500	500	500	100	500	yen	
6	/	3000	1500	500	500	100	500	yen	
7	/	3000	1500	500	500	100	500	yen	
total care charge			yen	total meal charge			yen	Total	Yen
reason's certificate: <input type="checkbox"/> none <input type="checkbox"/> setteled /				(cancel / : )			input	confirm	processor

If you change, please contact us as soon as possible, there may be a refund.

Sunday, Nationalholiday : Phone 070-5593-3529

## Contact on that day

Pick up by	Father Mother Other (Name )	
Contact person in case of emergency	① Father Mother Other ( Name ) TEL ( )	
	② Father Mother Other ( Name ) TEL ( )	
Body temperature	°C	Have he/she been to toilet pop <input type="checkbox"/> No <input type="checkbox"/> Yes
Sleeping hours	last night : ~ :	Condition <input type="checkbox"/> good
	today : ~ :	
Daytime sleep	<input type="checkbox"/> none <input type="checkbox"/> taking ___hours	Skin rush <input type="checkbox"/> No <input type="checkbox"/> Yes( )
Milk	time : cc	Medication <input type="checkbox"/> No <input type="checkbox"/> Yes( )
		Immunization Latest Immunizations( )
Time for bottle feeding: ( : cc)( : cc)		
Things like to do	contact:	

Things to bring	<input type="checkbox"/> underwear( ) <input type="checkbox"/> Tshirt, blouse( ) <input type="checkbox"/> pants, skirt( ) <input type="checkbox"/> socks( ) <input type="checkbox"/> bib( )
	<input type="checkbox"/> pajamas( ) <input type="checkbox"/> sweater, vest, cardigan( ) <input type="checkbox"/> jacket, coat( ) <input type="checkbox"/> 2 bathtowels
	<input type="checkbox"/> diapers in plast, wipes <input type="checkbox"/> formula, bottles <input type="checkbox"/> raincoat <input type="checkbox"/> umbrella <input type="checkbox"/> toothbrush
	<input type="checkbox"/> learnig tool <input type="checkbox"/> copy of health insurance card/children medical support card
	<input type="checkbox"/> super plastic bag <input type="checkbox"/> others( )