

Temporary Child daycare application from and Child ledger

Date / /
(Year / Month / Day)

(To) Mayor of Minamiuonuma
Director or Nursery school

Parents Address _____

(Administrative district : _____)

Name _____

Phone No. _____

I apply for Temporary child daycare service as following.

Child	Phonetic Name		Sex	Birthday / /	Age
			Male • Female		Years month old

Period of day	Time of use	Reason why you need the service (Please write in details.)
From / / To / /	: ~ :	
From / / To / /	: ~ :	
From / / To / /	: ~ :	
From / / To / /	: ~ :	
From / / To / /	: ~ :	

About your child

Normal body temperature (°C)

Dose he/she has Allergy? • Yes Food he/she can't eat ()
• No

Others : Please fill out if some attention is necessary your child in group life.
()

Insurance card	Please submit to the institution with this form. (Please let us copy it.)	
Regular care doctor	Hospital :	Phone No. :
Emergency contact details	Contact :	Contact :
	Phone No. :	Phone No. :
	Name : (Relationship :)	Name : (Relationship :)

※Please do not fill in the following. (一時預かり実施施設処理欄)

実施施設	・三用保育園 ・宮保育園 ・うえだ保育園 ・浦佐認定こども園 ・上町保育園 ・野の百合こども園 ・たんぼぼ保育園 ・めぐみ野こども園 ・むいかまちこども園 ・金城幼稚園・保育園 ・わかば保育園 ・南魚沼どろんこ保育園
申込理由	1 傷病 2 災害 3 事故 4 出産 5 看護 6 介護 7 冠婚葬祭 8 短時間・断続的勤務 9 単発的就労 10 職業訓練 11 就学 12 育児負担軽減 13 その他 ()
利用料	円 (令和 年 月 日領収)
備考	