

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 ・五十沢保育園 ・うえだ保育園 ・浦佐認定こども園 ・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	