

様式第 1 号 (第 6 条関係 英訳)

To facility director of Sick child & Convalescent child day care center.

**Application form (and Agreement of consent of tax assessment)**

I apply to the service as below by provision in Sick child & Convalescent child day care outline of Minamiuonuma city.

If Minamiuonuma city needs to estimate the payment amount, I agree to be inquired my tax assessment.

Moreover I make an effort that I don't extend using service.

※Please write in a frame.

Today	Year	Month	Day					Facility that your child goes		
Period & Times	Use hope							Kodomoen nursery school Kindergarten Elementary school		
	Period	From	Year	Month	Day	To	Year		Month	Day
	Times	From	:	To	:					
Phonetic					Birthday	Year	Month	Day (Age)		
Child's name					Sex	Male	Female	growth Normal · obscure Little slow		
Address	(〒 - ) (TEL - - ) City									
Guardian's name	Rela			Rela						
Phone number	ship		-	ship		-	-			
Vaccination (Circle the corresponding)	BCG · Mixture III ( times) · MR I · MR II · German measles				Primary care doctor					
	Poliomyelitis · Mumps · Chicken pox · Japanese encephalitis				( )Hospital					
	Mixture IV ( times) · Hib · Pneumonia · Infant mixture II				( )Doctor					
	Influenza (Inoculation Year Month)				The disease or infection ever took.					
	Rotavirus(Inoculation Year Month) · Hepatitis B				Exanthema subitum · Deer · German measles ·					
Has your child hospitalized before?	Yes · No				whooping cough · mumps · chicken pox ·					
	Disease : [ ] (At age )				diphtheria · hepatitis B · Japanese encephalitis ·					
	Disease : [ ] (At age )				atopic dermatitis · asthma · pyrogenicity spasm					
Does your child usually take medicine?	N o				Dietary restrictions		N o			
	Yes ( )				(From Primary care Dr.)		Yes ( )			
( )				( )		( )				
Others(Constitution, Worries, ,etc...)										

※Please prepare the copy of an insurance certificate. [ Entry is unnecessary for back side ]

[Entry is unnecessary for these columns.]

【裏面施設記入欄】

○実利用日を記載

平成 年 月 日 時 分から 時 分	平成 年 月 日 時 分から 時 分
Charge(¥ )	Charge(¥ )
平成 年 月 日 時 分から 時 分	平成 年 月 日 時 分から 時 分
Charge(¥ )	Charge(¥ )
平成 年 月 日 時 分から 時 分	平成 年 月 日 時 分から 時 分
Charge(¥ )	Charge(¥ )
平成 年 月 日 時 分から 時 分	
Charge(¥ )	
受付施設	<b>Total ¥</b> <b>Receipt</b> 印
受付日 平成 年 月 日	担当者