

*Confirmation report is necessary for each child.

Date of birth: _____ yr. _____ mo. _____ day

Confirmation Report

1 Current child care

☉ currently, who is taking care of your child?

☐ The child is nursed at a professional facility →

☐ Monthly contract Facility name : _____

→Please submit the Certificate of providing day nursery service

※Submission of this document is not required if you are applying for public day nursery rooms ・ home-visit childcare service (Poppins ・ Florence).

☐ Temporary nursing Facility name : _____

→For a regular use of non-municipal nurseries, please submit the Certificate of providing day nursery service

☐ The child is not nursed at a professional facility →

☐ (Mother ・ Father ・ Other _____) is nursing my child.

☐ Child is taken to the workplace of (Mother / Father / Other)

☐ Other (please be specific) _____

☉ In case you will wait until your child will be able to enroll in the preferred nursery. (possible to change)

☐ I will extend my childcare leave, but if my admission application is accepted, I will return to work in the month of admission.

☐ I will extend my childcare leave. ※Adjustment index number 22 may be applied.

☐ Will ask a nursery facility to take care of the child with fees.

☐ Will take the child to the workplace. (Father's workplace / Mother's / Other's)

☐ Will ask someone to take care of the child. (Grandfather / Grandmother / friends / acquaintances)

2 Extended-hour nursery (For children older than one year old)

- Nursery hours : Public day nurseries 18:30-19:30 ※In case of private nurseries (including Kodomo-en), each facility sets its extended hours.
- If you wish to use the extended-hour nursery service, you must apply for it separately. Please apply at each nursery after your child is accepted.
- In case that there is no vacancy in the facility or the applicant is not employed currently (job searching, received job offer or disease requirements etc), you are not able to use this service.
- Those who are on maternity or child-care leave basically cannot use the service, so it is requested to stop using it during the period.
- Extended nursery hours will be determined based on the guardians' working and commuting time as well as family situations.
- You can request for extended nursery service on the spot up to 10 times a month.

☉ Would you like to apply for extended-hour nursery service of monthly contract?

☐ Yes ... Submit 'Application form for extended-hour nursery service' to day nurseries when accepted.

☐ No

☉ If application for extended-hour nursery service is not approved,

☐ I keep the request for the day nursery.

☐ I withdraw my request for the day nursery.

3 About how to inform the result. Please give us your contact information

* Please write at least two phone numbers reachable in day time with voicemail settings in order of contact preference.

• Non-Japanese nationalities etc.→ Please give us the Phone number of your reliable acquaintance who can understand Japanese

• Those who plan to return to Japan from overseas→ Please give us the Phone number in Japan which we can contact to.

① _____ ()	(Mobile phone number Father・Mother / Workplace father ・ mother /Home /Other)
② _____ ()	(Mobile phone number Father・Mother / Workplace father ・ mother /Home /Other)
③ _____ ()	(Mobile phone number Father・Mother / Workplace father ・ mother /Home /Other)

4 Child's development conditions

☉ Do you have any concerns about your child's development and health conditions?

☐ No. not in particular

☐ Yes

☉ Do you have any concerns or worries it would interfere for your child in a nursery group life?

☐ No. not in particular

☐ Yes

5 Allergies etc.

☉ Does the child have any allergies such as food allergies or atopic dermatitis?

☐ No

☐ Yes

☉ Progress of baby food (for the 6 months ~12 months olds)

☐ The first stage (almost liquid)

☐ The second stage (paste)

☐ The third stage (almost solid food)

☐ The final stage(solid soft food)

☉ Can the child drink milk (baby formula, water, etc.) with a bottle?

☐ Yes

☐ No

☐ Breast feeding only

※Fill in the reverse side of the form also.

7 About development and health condition of child

mation	When was your child able to hold his/her head upright?	() months	Not yet
2	Does your child try to look in the direction of your voice when you call him/ her?	Yes	No
3	Does your child look into your eyes?	Yes	No
4	Does your child look for or cry when he/she doesn't see the person who usually is with him/her?	Yes	No
5	When was your child able to walk unassisted?	() months	Not yet
6	When did your child start to utter meaningful words such as "mama" or "bye bye"?	() months	Not yet
7	Does your child understand simple commands such as "come here" "wait" or "don't do that"?	Yes	No
8	Does your child try to communicate by pointing at what he/she wants?	Yes	No
9	Does your child seem to enjoy being with friends?	Yes	No
10	Does your child suddenly hit, bite or shout without any reason?	Yes	No
11	Is your child particular about something such as numbers, shapes, play or foods?	Yes	No
12	Does your child avoid being touched by someone or dislike any sounds?	Yes	No
13	Does your child have difficulties in having a good sleep at night?	Yes	No
14	Has your child ever had a serious illness?	Yes*	No
	*Name of the illness() Name of the hospital ()		
15	Has your child ever had a convulsion or epilepsy?	Yes*	No
	*caused by <input type="checkbox"/> fever <input type="checkbox"/> something else. (years month old °C Times)		
16	Do you currently consult with a doctor or a public health center concerning growth or chronic illness of your child?	Yes*	No
	*Name of the illness or disorder () * Name of the hospital or institution ()		
17	Does your child have a handbook for the physically disabled or for the mentally disabled called Ai-no techyo?	Yes*	No
	* Handbook for the physicaly disabled(Grade) Ai-no techyo(Grade)		
18	Is your child diagnosed with atopic dermatitis or any other allergies?	Yes*	No
	* <input type="checkbox"/> ① Bronchial asthma <input type="checkbox"/> ② Atopic dermatitis <input type="checkbox"/> ③ Allergic rhinitis (hay fever) <input type="checkbox"/> ④ Allergic conjunctivitis (hay fever)		
	<input type="checkbox"/> ⑤ Foods: egg, wheat, dairy products, others () * The result of allergy testing <input type="checkbox"/> Positive / <input type="checkbox"/> Negative		
	【For office use only】		
	* Is your child diagnosed that he/she needs Epipen treatment? <input type="checkbox"/> Yes (when? years old) / <input type="checkbox"/> No		
19	Are there any other concerns about health or growth conditions etc.?	Yes	No
	【For office use only】		
20	Is there any foods or beverages that you cannot take because of your religion ?	Yes*	No
	* Yes → ()		

◎ Please answer the questions below referring to Maternal and Child Health Handbook.

	Baby's condition at birth	Normal · Caesarean section · Vacuum extraction · Neonatal Asphyxia		Unknown	
	Baby's height and weight at birth	Hight (cm) · Weight (g)		Unknown	
	In which week of the pregnancy the baby was born?	() weeks		Unknown	
Health Checkup	Checkup at 3-4 months	Checkup at 6-7 months	Checkup at 9-10 months	Checkup at 18 months	Checkup at 3 years
	<input type="checkbox"/> Healthy	<input type="checkbox"/> Healthy	<input type="checkbox"/> Healthy	<input type="checkbox"/> Healthy	<input type="checkbox"/> Healthy
	<input type="checkbox"/> Follow-up required	<input type="checkbox"/> Follow-up required	<input type="checkbox"/> Follow-up required	<input type="checkbox"/> Follow-up required	<input type="checkbox"/> Follow-up required
	<input type="checkbox"/> Didn't do	<input type="checkbox"/> Didn't do	<input type="checkbox"/> Didn't do	<input type="checkbox"/> Didn't do	<input type="checkbox"/> Didn't do

※ For children who have disability, illness, developmental delay, etc., we may adjust the day nursery itself and the timing of admission depending on the situation of the day nursery which you applied for admission.

※ Regarding the above subject, we may contact related organizations or accompany with you to the hospital.

I agree with the description of ※ mark above.

Signature of guardian