

**WAKU WAKU Hoikuen**  
**Regular Childcare Application Form**

Dear

Tokyo Medical and Dental University Chairperson Nursery Management Committee

I agree to the rules stipulated in Article 6 regarding the usage of the childcare of the childcare facility at the Tokyo Medical and Dental University and will register as follows. After registration, I pledge to follow the rules agreed upon.

Date: Y\_\_\_\_ / M\_\_\_\_ / D\_\_\_\_

Name: \_\_\_\_\_

Infant / Child Name	<input type="checkbox"/> M <input type="checkbox"/> F	Birth	Y____ / M____ / D____
Period of Use	Y____ / M____ / D____ ~ Y____ / M____ / D____		
Staff / Student Name	【Schedule】 Y____ / M____ / D____ ( Return · Employment · Entrance )		
Staff Position	Ext.		
Job Title	<input type="checkbox"/> Fulltime Employment <input type="checkbox"/> Parttime ( ____ days a week)		
Student Position	<input type="checkbox"/> Postgraduate <input type="checkbox"/> Undergraduate Student ID:		
Home Address	Zip Code:		
	Phone:	Mobile:	
	Email:	FAX:	
Emergency Contact	Phone:		
Spouse / Partner Name			
Staff Position	Ext.		
Job Title	<input type="checkbox"/> Fulltime Employment <input type="checkbox"/> Parttime ( ____ days a week)		
Student Position	<input type="checkbox"/> Postgraduate <input type="checkbox"/> Undergraduate Student ID:		
Work / School Name			
Work / School Address	Zip Code:	Phone:	

Note1. Please put check(✓) into an appropriate check box(□).

2. For a "Period of Use", please fill in the period wishing use by the end of the fiscal year.
3. Please fill in the 【Schedule】, when you come back from maternity leave or when you are due to be employed or to enter school.
4. With regards the work/school of the spouse or partner name, please fill in case,
  - ① The spouse or partner is not a member of the faculty or a student.
  - ② Although a faculty staff member, working hours are under 5 days per week and have other work. In this case, "Positionor Staff/Student Registration Certificate Form" is necessary.
5. When you are due to be employed at the time of an application, please receive issue of employment schedule certification (separate attachment style).  
Moreover, when you are due to enter a school, please submit the copy of an "Acceptance Letter Document", etc.
6. This personal information is used for the purpose of nursery entrance procedure, and any third parties other than use or a childcare management commission contractor are not provided with it for any purpose other than this purpose.  
(Back is followed.)

Reason for Applying to the Nursery (why childcare is necessary)

Usage Schedule

Mon · Tue · Wed · Thu · Fri

AM / PM : ~ AM / PM : ( ) (Day of the week)

AM / PM : ~ AM / PM : ( ) (Day of the week)

AM / PM : ~ AM / PM : ( ) (Day of the week)

Please write the reason, when you are due to use Extended Childcare  
(Extended childcare time: 7:00-7:30 , 18:00-20:00)

Current childcare situation of the child who wishing to enter

In addition, when there is a special situation, please indicate (example: a guardian is singleness).

When the present Staff Position/Job Title and the Staff Position/Job Title from April are changed, please indicate the schedule in April and afterwards.