

WAKU WAKU Hoikuen

Part-time Childcare Registration Application Form

Tokyo Medical and Dental University - Vice-president

I agree to the rules stipulated in Article 8 regarding the usage 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.

Name: _____

Date ____/____/____

Infant/Child's Name	<input type="checkbox"/> M <input type="checkbox"/> F	Date	Y____M____D____
	<input type="checkbox"/> M <input type="checkbox"/> F	Date	Y____M____D____
Staff/ Student Name			
Staff Position	Ext. No.		
Job title	<input type="checkbox"/> Full-time employment <input type="checkbox"/> Part-time (days a week)		
Student position	<input type="checkbox"/> Postgraduate <input type="checkbox"/> Undergraduate Student ID No.		
Home Address	Zip code:		
	Phone No.	Mobile	
	E-mail	FAX	
Emergency Contact	Phone No.		

Note 1: Place a check mark in the appropriate check box.

2. When you are an adoption schedule in TMDU at the time of an application, please submit a Certificate of Adoption Schedule published in the Personnel Division. In addition, if planning to enter the TMDU as student, please submit a copy of the Pass Notification Certificate.

3. This personal information is used for the purpose of nursery entrance procedure, and use for the purpose other than this purpose or third parties other than a childcare management commission contractor are not provided with it.