Annexed Form 1 ( Academic Year)

## Todai Hongo Keyaki Day Nursery, Todai Shirokane Himawari Day Nursery Todai Komaba Mukunoki Day Nursery, Todai Kashiwa Donguri Day Nursery

## **Regular Daycare Application Form**

To the University of Tokyo,	/yr	/mo	/ay
With regard to the daycare of my child, I acknowledge that I have received an explanation of important m	atters described i	n a separate	
document "Day Nursery Usage Guide" and agree to abide by the nursery rules and by this writing. I do h	nereby apply for r	egistration at T	Γodai

Day Nursery Usage Guide", and agree to abide by the nursery rules and by this writing. I do hereby Day Nursery as follows.

Desired Entrance Date

(Kana)	1st Preference				2nd Preference					
Fa	amily Name									
	amily Name				Mala	Data of				
					Male Female	Date of Birth	/yr	/mo	/dy	
Desired Childcare	Mon	:	~	:	Thu		:	<b>~</b> :		
Days/Hours	Tue	:	~	:	Fri		:	<b>~</b> ∶		
	Wed	:	~	:	Sat		:	<b>~</b> :		
Caradal Harlth Darklana	Disease		(Comments:						)	
Special Health Problems	Allergy Other	Yes / No Yes / No	(Comments:						)	
Current Daysora Situation		Relatives · 1						) · B	abysitter	
Current Daycare Situation	Other (								)	
(Kana)						Nationality	Relationship	Researche	er ID (note)	
Full Name of Applicant	amily Name									
Current Address	Ŧ									
Phone I	Home:			Cell:			Labo Ext.:			
Dept.						E-mail				
Affiliation F	Faculty / Staff / Student(grade: )			Full Time	Part Time	Researche	r / Other	Other		
Current Status	Employed · In School · Leave of Absence · Child-care Leave · Pre/Post Childbirth Leave · Pregnant Other (								nant	
(Kana)							Researcher	r ID (note)		
Full Name of Spouse	amily Name									
Place and Style of	Employer's Name		•			Phone				
Work/Study	Full Time	Part Time	( hr/wk)	Researche	r / Other	Student(gra	de: )	Other		
If at the University of	Dept.					Labo Ext.				
Tokyo	Faculty / S	taff / Student	(grade: )	Full Time /	Part Time	Researche	r / Other	Other		
	Na	me	Relationship	Date o	f Birth	Age	Place of	Work/Schoo	1/Daycare	
			Self	/yr	/ mo /dy					
	Spouse			/yr	/ mo /dy					
Family Living at Same Residence			Child	/yr	/ mo /dy					
		_		/yr	/ mo /dy		_			
				/yr	/ mo /dy					
				,,,-	, 1110 , 413					

- ¾1. Required Documents: Parents' proof of Employment or Student Status (Photocopy of Student ID is acceptable)
- 2. If there are any particular reasons that make childcare necessary or you are a student of the University of Tokyo, <u>please fill in another sheet of paper (page 2)</u>.
- 3. Please acknowledge it beforehand that the information described in the submitted application might be used not only for the selection but for investigation of the use state etc.
- 4. Please print on both sides of the application form (duplex printing) and submit it to each Day Nursery Section.

1. Please fill in the box b	elow with th	ie particular re	easons that mak	e childcare	necessar	у.				
2. Have you used any UT										
the box below. Also, in the nursery.	f your answe	er is yes, pleas	e attach a repor	t of progress	s of you	r resea	rch or study	ing during the p	eriod of us	sing
-	Yes	Period:	/mo /yr	$\sim$	/mo	/1.10	Name of			No
Regular Daycare	168	renou.	/mo /yr		/mo	/yr	nursery			NO
Occasional Daycare	Yes	Period:	/mo /yr	$\sim$	/mo	/yr	Name of nursery			No
3. Please fill in the applic	cation situati	ion to other of	f-campus nurse	ries.		<u>I</u>	110115013			
Name of nurse	ry	ŗ	Mon	th of a	pplycation	Result				
Poppins Nursery Scho			ry school manage	d by		/mo	/yr	Permitted, Non-permitted and on the		d and on the
Hongo Sakur	a	companies						waiting list, Un	received	
Name of nurse	ry	Type of nursery			Month of applycation		Result			
			Registered nursery school, Authorized nurseryschool, Nurseries without authorization			/mo /yr		Permitted, Non-permitted and on the waiting list, Unreceived		
		Registered nursery school, Authorized			/		Permitted, Non-permitted and on the			
		nurseryschool, Nurseries without authorization			/mo /yr		waiting list, Unreceived			
		0	ery school, Authoriz Jurseries without au			/mo	/yr	/yr Permitted, Non-permitted an waiting list, Unreceived		
4. If an applicant or a spo	ouse is a stud				l in the	follow	ing informat		arccer rea	
*Supervisor (teacher in	_		•	division stu	dents,ch	ief ins	tructor of a	lepartment • divi	sion•cour	se in case
of the senior divison s	students) is i	required to sig	n and seal.							
	Mon		~	•	Th			•	~	•
Study/Research Hours in the Laboratory or		·		•				•		•
Campus facilities	Tue	:	~	:	Fr			:	~	:
(by rough estimate)	Wed	:	$\sim$	:	Sa	ıt		: ′	~	:
Remarks such as research activities										
outside of the university										
I hereby certify as a su	pervisor th	at study and	or research ho	ours of the	student	conce	erned are as	mentioned ab	ove.	
(Supervisor or teache	er or chief	instructor)	Affiliation/Po	osition						
								(FR)		
	IN	ame						<u> </u>		
<spouse></spouse>		T			ı					
Study/Research Hours in the Laboratory or Campus facilities (by rough estimate)	Mon	:	$\sim$	:	Th	ıu		: ~	,	:
	Tue	:	$\sim$	:	Fr	i		: ~	,	:
	Wed	:	~	:	Sa	ıt		: ~	,	:
Remarks		•				•				
such as research activities outside of the university										
I hereby certify as a su	nervisor th	at study and	or research ho	ours of the	etudant	conce	erned are as	mentioned ab	OVA	
	•	•			stuutIIl	COHC	cincu ait as	, menuoneu au	vC.	
(Supervisor or teache	er or chief	mstructor)	Ammanon/Po	ostuofi						
	N	ame						ED		