

Family Background Report

< Form 2: 様式2 >

1st choice of nursery school _____ Name of the child _____

1) Current childcare situation

- Either the mother or father who is currently seeking employment is taking care of the child
- Either the mother or father who is on a parental leave is taking care of the child
Planned date to return to work (YYYY/MM//DD) - _____
- Taking the child with you when you go to work (outside of the home)
- Grandparents, other relatives, or acquaintances are taking care of the child
- Taking care of the child while self-employed or working from home
- Using a kindergarten, non-registered or employer-provided childcare facility
Name of the facility _____
Since when (YYYY/MM/DD) - _____
Days in use (days per week / days per month)
Hours in use (From _____ : _____ to _____ : _____)
- Other (_____)

2) Is the mother currently pregnant?

- No Yes → Estimated date of delivery (YYYY/MM/DD) - _____

3) Grandparents' situation

		Name	Age	Address (if different to the child)	Live together		Other		Employed
Paternal	Grand-father				Yes	No	Deceased	Unknown	Y / N
	Grand-mother				Yes	No	Deceased	Unknown	Y / N
Maternal	Grand-father				Yes	No	Deceased	Unknown	Y / N
	Grand-mother				Yes	No	Deceased	Unknown	Y / N

※The grandparents/any relatives who are under the age of 65 and live in the same household (or live on the same premises) as the child must also submit documentation to prove their reasons for requiring childcare services, just as the parents. If this is not received, points will be subtracted from the child's need for childcare access.

4) Commuting time and method of transportation

Father	hr(s). and min./each way	Train ▪ Bus ▪ Car ▪ Motorcycle ▪ Bicycle ▪ On foot
	(Route) The house→	
Mother	hr(s). and min./each way	Train ▪ Bus ▪ Car ▪ Motorcycle ▪ Bicycle ▪ On foot
	(Route) The house→	

5) The primary person who will drop-off/pick-up the child at nursery school

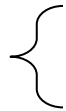
Father ▪ Mother ▪ Grandfather ▪ Grandmother ▪ Other (_____)

6) In the case that the application is not granted

- The mother or the father will take care of the child
- Extension of parental leave (until / /).
- The mother/father will take the child to work
- Grandparents, other relatives, or acquaintances will take care of the child
- Use of a kindergarten, non-registered or employer-provided childcare facility
- Other (_____)

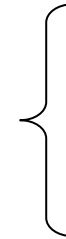
7) In the case of applying simultaneously with another child (a brother/sister)

① If admission is not granted for all the children



- Wish to enroll even if one sibling is admitted
- Do not wish to enroll unless all the children are admitted

② If admission is granted for all the children



- Wish to enroll in the facility that is high on your list of choices even if the siblings are put in different facilities
- Wish to enroll all the children in the same facility, even if the facility is further down in your list
 - * Checking this does not promise they will be in the same facility
- Do not wish to enroll unless all the children can be in the same facility

Health Report

Name of the child _____ Birth date _____ (Form 3: 様式3)

Development

Condition at birth		Number of weeks in gestation : _____ weeks	
<input type="checkbox"/> Normal delivery <input type="checkbox"/> Abnormal delivery (asphyxia •dystocia •premature birth • excessive jaundice •phototherapy •incubation • other _____)			
•Weight_____g	•Height_____cm	•Chest girth_____cm	•Head girth_____cm
Feeding and nutrition		•Breast milk	•Mixed
		•Formula	•Baby food
		times/day	•Regular food
•Held his/her head steady at _____ months old		•Sat without support at _____ months old	
•Started crawling at _____ months old		•Started walking at _____ months old	

Record of health check-ups

1 month old	<input type="checkbox"/> No irregularities	<input type="checkbox"/> Early indicators ()	<input type="checkbox"/> Observation needed ()	<input type="checkbox"/> Not checked
3-4 months old	<input type="checkbox"/> No irregularities	<input type="checkbox"/> Early indicators ()	<input type="checkbox"/> Observation needed ()	<input type="checkbox"/> Not checked
9-10 months old	<input type="checkbox"/> No irregularities	<input type="checkbox"/> Early indicators ()	<input type="checkbox"/> Observation needed ()	<input type="checkbox"/> Not checked
18 months old	<input type="checkbox"/> No irregularities	<input type="checkbox"/> Early indicators ()	<input type="checkbox"/> Observation needed ()	<input type="checkbox"/> Not checked
3 years old	<input type="checkbox"/> No irregularities	<input type="checkbox"/> Early indicators ()	<input type="checkbox"/> Observation needed ()	<input type="checkbox"/> Not checked

※ Details regarding any ongoing observation ()

Health condition

Does your child have any food allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Answer the questions on the right if you checked "Yes"	Has your child been diagnosed by a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Name of the medical institution ()
		Has the doctor prescribed any dietary restrictions? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child undergoing any medical treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Fill out the columns to the right if you checked "Yes"	Name of illness ()
		Name of the medical institution ()
		Current state of the treatment <input type="checkbox"/> in observation <input type="checkbox"/> taking medication/applying ointment <input type="checkbox"/> in preparation ↑ For those checked "taking medication", does the child need to take the medication or apply the ointment while at the nursery school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child had any major illnesses /injuries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	For those checked "Yes" Name of illness ()
Has your child ever experienced convulsions or seizures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child hold a Physical Disability Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child hold a Rehabilitation Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child been to any institutions for special care or consultation concerning his/her health or development?	<input type="checkbox"/> Yes <input type="checkbox"/> No	For those checked "Yes" Name of the facility ()

Does your child need special attention concerning an illness, motor development challenge (such as walking, sight, hearing, speech), understanding, or behavior? Please write if you have any other concerns that you have about your child's health, or development. Yes No

Immunizations (Check box for completed vaccinations)					
Vaccination	Done	Vaccination	Done	Vaccination	Done
BCG		Measles		MR (Measles & Rubella)	
Hib (Haemophilis Influenzae type B)		Rubella		DPT-IPV (Diphtheria-Pertussis -Tetanus-Imovax Polio)	
Infant Pneumococcus		Japanese Encephalitis 1st term			