

Application form / consent form

Date: Year Month Day

Date of Use	Year	Month	Day	()
Reservation Time	Year a.m./p.m. -	Month	Day a.m./p.m. (Total time:	() hours minutes)
	Year a.m./p.m. -	Month	Day a.m./p.m. (Total time:	() hours minutes)
	Year a.m./p.m. -	Month	Day a.m./p.m. (Total time:	() hours minutes)
Emergency Contact on the day	Mr./Mrs.: 【 】		Relationship to the child:	
	Mobile Phone:		Home Phone:	
Name of Parent/Guardian	Mr./Mrs.		Relationship to the child:	
Contact Information	Address			
	Home Phone:			
	Mobile Phone:			
Name of Child (in hiragana)	(Male/Female)		Age:	Years Months
	(Male/Female)		Age:	Years Months
Daily Care	Home / Day nursery / Kindergarten / Others ()			
1.Has your child ever had a major illness? (Yes: / No)				
2.Has your child ever suffered a major injury? (Yes: / No)				
3.Does your child have any allergies? (Yes: / No)				
4.Has your child ever experienced seizures? (Yes / No) • If yes: First occurrence:_____months of age(Following that,___times) • Febrile seizures: More than _____°C				
5.If there are any behaviors or conditions that you would like the staff to know about, please write them here.				
6.If you have any requests for feeding milk, giving snacks or changing diapers while the child is in our care, please enter them here. 1) Please feed _____cc of milk at a.m./p.m._____ : Please give a snack at am/pm_____				
2) Please give _____ after _____hours.				
3) i) Please change diapers every _____hours. or ii) If the diaper is wet or dirty, please change it.				
4) Other points:				
Consent Form				
To PIGEON HEARTS CORPORATION		Year	Month	Day
Name of Child : _____		Name of Child : _____		
In regard to the use of this service by the above-mentioned child, I agree to the conditions and terms explained in the separate Pigeon Wendy Childcare Service Agreement.				
Address _____				
Home Phone — —				
Name of Parent/Guardian _____				印
E-mail _____				

※Please stamp your seal or sign your name around the area marked 「印」