

## Application Form for Admission From April 2024 to March 2025

**Submission Address (Acceptance by Mail Only):** To the Admission Receptionist,

**Early Childhood School Baby Salon Shin-Nakano, 6-15-17 Honmachi, Nakano-ku, Tokyo 164-0012**

Application for Admission - Child 1

ふりがな	Gender	Date of Birth	Age as of April 1, 2024
Child's Name		Yr年 Month. Delivery Date	歳

Application for Admission - Child 2

ふりがな	Gender	Date of Birth	Age as of April 1, 2024
Child's Name		Yr年 Month. Delivery Date	歳

ふりがな	Relationship	Address (registered in Japan)
Parent Name ( )		〒
ふりがな		Telephone number
Parent Name ( )		(Plan to relocate Yr年 Mon月 New Address: )

Preferred Admission Month	Yr	Month	Desired Dyas	<input type="checkbox"/> 月 Mon <input type="checkbox"/> 火 Tue <input type="checkbox"/> 水 Wed <input type="checkbox"/> 木 Thu <input type="checkbox"/> 金 Fri <input type="checkbox"/> 土 Sat
Preferred Usage Time	: ~ : まで			
Application to Registered Daycare	<input type="checkbox"/> 無 Not Applied <input type="checkbox"/> 有 Applied <input type="checkbox"/> 今後予定しているPlanned for future			

※Note: Changes to desired days or times after the application may not be accommodated.

Health and Development Conditions	Child's Name	Child's Name	
Medical history and Constitutional Characteristics	Is the Child currently undergoing treatment or observation for any illnesses?	No Yes ( )	No Yes ( )
	Past Seizures?	No Yes ( Year Month)	No Yes ( Year Month)
	Has there been any specific indication from previous health checkups?	No Yes ( ) Yes ( Year Month)	No Yes ( ) Yes ( Year Month)
Allergies	Has the child shown allergic symptoms due to food consumption?	No Yes ( )	No Yes ( )
	Are there any other allergies?	No Yes ( )	No Yes ( )
Other Concerns	Are there any concerns about physical or language development?	No Yes ( )	No Yes ( )
	If there are any other concerns regarding your child's condition, please indicate here.		

Expiration Date: March 31, 2025