Child Status Report 児童状況届 (Please fill out the necessary information and check the applicable boxes)

,	Name of the Applicant Child						Date of		/	/]
1	Other Childre	en Under S	Schoo	ol Age							
				Guardian	□Father	□Father □Mother C		ildcare Leave	□ No □ Y	es	
	Provided by	☐ At home	Э		□ Othe	ers	(Rela	ation	Full name:)
	Parent/Guardian	☐ At work		Details	☐ Using	g daycare fa	cility at w	ork 🗖 Take th	em to my workplace an	d look after w	hile working
Pro		☐ Other Details									
/ide		☐ Certified childcare facility, etc.				Facility Nam	ie		Start Date (YYYY/MM/DD)	/	/ ~
d by		If using	on-site	e childcare se	rvices at	a business	s 🗆	Regional quo		ee quota	
Pai		Non-certific daycare	ed childo	are facility/workpl	lace						
Provided by Parent/Guardian	Using Childcare Facilities, etc.	Temporary childcare se	n iona	Service Usage	time(s)/week	Facility			Start Date	,	,
Gua	r admites, etc.	☐ Kinderg				Name			(YYYY/MM/DD)	/	/ ~
ırdie		☐ Certified	facilit	y outside of t	he city	=					
5		☐ Other	(-)	
	Regarding the continuation at the above			e continuing Icare is diffic							
	past experiences with oup childcare? (Other	□ No	□ Ye	es (If "Yes",	please fil			g section)			
9.	than above)	Facility Name				Usage Perio (YYYY/MM/DD		/	<u>/</u> to		
	Have you used an educational therapy	□ No	□ Ye	es (If "Yes",	please fil			g section)			
	facility?	Facility Name			Usage Perio (YYYY/MM/DD	nd)	1	<u>/</u> to			
2	Other Childre	If would like to	enroll	ol Age *De □ I would lik in the san	ce to enroll			[Note] In this	case, even if one ced, all of them wou	of the childr	
	ou are applying for ur other children at	all children in same mon		Facility					e same facility		
	the same time			Assignment	□ Iw	ill accept e	enrollm	ent at differe i	nt facilities if nece	ssary	
		If you will accept enrollment in different months							eptance if it is not per is enrolled before		
lf y	ou are not applying for the other children, please explain why	· ·	•	a facility e while worki		elative pro Other [De	•	childcare	☐ Using workp	ace dayca	re
3	Future Childb	irth Plans									
	Are you expecting?	□ No	□ Ye	es (Expecte	d delivery	date:	YYYY	/ MM / DE	<u>o</u> , □ I am expect	ing twins, t	riplets, etc.)
4	Status of Gra	ndparents	Livir	ng in a Se	parate	Reside	nce		ate grandparents living or		
	Name	Rela- tion Age		Address	Address Transp Applica			·	e & Work Hours	Health	n Condition
יי		Grand-			Transpo			Workplace		□ Normal	☐ Poor
Paternal		father			Trave	I Time ortation	mins.	Work Hours Workplace	hrs/month	`)
nal		Grand- mother			Trave		mins.	Work Hours	hrs/month	□ Normal □ Other (☐ Poor)
-		Grand-			Transpo	ortation		Workplace		☐ Normal	☐ Poor
/late		father			Trave	I Time	mins.	Work Hours	hrs/month	Other ()
Maternal		Grand- mother			Transpo			Workplace	1(☐ Normal	☐ Poor
	Other Inform			Okilde	Trave		mins.	Work Hours	hrs/month	Other ()
			1000000	I		_	Diovels	□ Malking □	I Public transc	Trovol Tire	
	w will transportation be ovided for the child?	IVIAIII	o-off	Method				☐ Walking ☐	rublic transp.	Travel Time	
Al:	ternative childcare	Extend childcare leave (until				Workplace daycare ☐ Non-certified facility					
Р	lans if on standby	☐ Granpar	ents w	ill provide ca	re 🛚	Other (De	etails:)
0	ther Important Notes										

Walking	Weig	ght (Birth-Present)	Weight at Birth		9	gnancy Duratio	n	weeks Cu	urrent Weight		g • kg	
Developmental Provided to the child make notices as if tryou answered "No" Please explain why your child has not received the checkup. Please explain why your child has not recei			Head Control	months	Sitting		nonths Crav	wling	months	eething	mont	
First Word			Walking	months		^{lg} □ Crawli	ng on belly Cra	awling on hands and	d knees Standing	w/ support ☐ Walk	ing w/ support	
Developmental Conditions Has your child had their 18-month checkup? (*Chriy mawer if the months or sides) Yes No			Does the child ma	ke noises as	s if trying to s	peak when	w/ family?	☐ Yes	□ No			
Developmental Conditions If you answered "Yes"			First Word		moi	nths Curren	t Speech Level	☐ Single words	☐ Two-word sent	ences Can have	e conversations	
Please explain why your child has not received the checkup.			Has your child had the	ir 18-month cl	heckup? (*Only	answer if 18 m	onths or older)	☐ Yes	□ No			
Food allergies			If you answered							ng the checkup.		
Food allergies? Taking any medication? Food allergies? To be part of the part				If you answered								
If you answered			Has your child had	their 3-year c	heckup? (*Only	answer if 3 ye	ars or older)	☐ Yes	□ No			
Do you have any concerns about your child's vision? Boy out have any concerns about your child's vision? Squints or has to be very close to things in order to see them concerns about your child's vision? Squints or has to be very close to things in order to see them concerns about your child's vision? Needs glasses (Farsightedness Lazy eye Other [If you answered Provide details of any advice or notes given by the doctor/nurse during the checkup.								
Do you have any concerns about your child's vision? Squints or has to be very close to things in order to see them concerns about your child's vision? Needs glasses (Farsightedness Lazy eye Other [Please expl	ain why your c	hild has not red	ceived the check	up.		
Concerns about your child's vision? Glances upwards or looks out the corner of the eyes to see things Needs glasses (Farsightedness Lazy eye Other [□ No □	Yes	[※ If'	"Yes", pleas	e check the a	oplicable boxes	s below.]			
Needs glasses (Farsightedness Lazy eye Other [_		☐ Squint	s or has to	o be very c	lose to thi	ngs in order	to see them				
Needs glasses (Farsightedness Lazy eye Other ['isio		☐ Glanc	es upward	ls or looks	out the co	rner of the e	yes to see th	nings			
Do you have any concerns about your child's hearing? Doesn't turn around when called from behind Appears to have a speech delay I have noticed something about their speech or understanding I have noticed something about their speech or understanding I have noticed something about their speech or understanding I have noticed something about their speech or understanding I have noticed something about their speech or understanding I have noticed something about their speech or understanding I have noticed something about their speech or understanding I have noticed something about their speech or understanding I have noticed something about their speech or understanding I have noticed something about their speech or understanding I have noticed something about their speech or understanding I have noticed something about their speech or understanding I have noticed something about the following section.] What food(s) are they allergic to? Has the child take perienced anaphylaxis? No Yes Ye	ח			•	∏ Farsigh	ntedness	☐ Lazy eye	e □ Othe	r []]	
Concerns about your child's hearing?			□ No □	Yes	[※ If '	"Yes", pleas	e check the a	oplicable boxes	s below.]			
Complete	Į		☐ Doesr	i't turn aro	und when	called fror	n behind					
Complete	earir		☐ Appea	irs to have	a speech	delay						
Has your child experienced convulsions? Has your child experienced convulsions? Has your child experienced convulsions? Has your child experienced convulsions? Has your child experienced convulsions? Has your child experienced convulsions Has your child experienced experienced convulsions Has the child experienced	Q		☐ I have	noticed so	omething a	bout their	speech or u	ınderstandin	g			
This section must be completed if your application indicates your child has allergies. To be your child have a history of outpatient care or hospitalization? The proof allergies? Taking any medication? This section must be completed if your application indicates your child has allergies. This section must be completed if your application indicates your child has the child take any medication? To boes your child have a history of outpatient care or hospitalization? To be your child have a history of outpatient care or hospitalization? The proof allergies? This section must be completed if your application. The proof your application indicates your child has allergies. To boes the child take any medication? The proof your application indicates your child has allergies. The proof your application indicates your child has allergies. The proof your application indicates your child has allergies. The proof your application indicates your child has allergies. The proof your application indicates your child has allergies. The proof your application indicates your child has allergies. The proof your application indicates your child has allergies. The proof your application indicates your child has allergies. The proof your application indicates your child has allergies. The proof your application indicates your child has allergies. The proof your application indicates your child has allergies. The proof your application indicates your child has allergies. The proof your application indicates your child has allergies. The proof your application indicates your child has allergies. The proof your application indicates your child has allergies. The proof your application? The proof your application indicates your application? The proof your			☐ Other	[]		
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Food allergies? Taking any medication? Does the child take any medication? Does the child take any medication? Does the child take any medication? Does the child take any medication? Does the child take any medication? Does the child take any medication? Does the child take any medication? Does the child take any medication? Does the child take any medication? Does the child take any medication? Does the child take any medication? Does the child take any medication? Does the child take any medication? Does the child take any medication? Does the child take any medication? Type of Surgery Does your child have a history of outpatient care or hospitalization? Does your child have a history of outpatient care or hospitalization? Does your child have a history of outpatient care or hospitalization? Does your child have a history of outpatient care or hospitalization? Does your child have a history of outpatient care or hospitalization? Does your child have a history of outpatient care or hospitalization? Does your child have a history of outpatient care or hospitalization? Does your child have a history of outpatient care or hospitalization? Does your child have a history of outpatient care or hospitalization? Does your child have a history of outpatient care or hospitalization? Does your child have a history of outpatient care or hospitalization? Does your child have a history of outpatient care or hospitalization? Does your child have a history of outpatient care or hospitalization? Does your child have a history of outpatient care or hospitalization? Does your child have a history of outpatient care or hospitalization? Does your child have a history of outpatient care or hospitalization? Does your child have a history of outpatient care or hospitalization? Does your child have a history of outpatient care or hospitalization? Does your child have a history of outpatient care or hospitalization? Does your child have a history of outpatient car	vulsions	experienced convulsions?	Describe their condition		Date of	Most Rece	nt /	(YYYY/MM) Tei	mp. during convulsion	ons	°(
	Allergies	Taking any	be completed if your application indicates your child	Has Does the	the child exp	erienced ar	iaphylaxis?	If "Yes",	If "Yes", which EPIPEN · Internal medicine			
	포		□ No □	Yes	[※ If '	"Yes", pleas	e fill out the fo	llowing section	i.]			
	C Ospit	Does your child		vears	months	Diagnos	iis	-				
	utpa aliza					Type of Su	rgery					
	atien atior	outpatient care or		years	1110111113	1						
Sour child currently being treated for an illness? Does your child take any medication? No Yes [* If "Yes", please fill out the following section.] Diagnosis Does your child take any medication? No Yes If "Yes", which medication? Type of Medicine 1	t & History	hospitalization?	Current Condition							spital: [.]	
Diagnosis Tracted for an illness? Does your child take any medication?	Tre	le vour child	□ No □	Yes	[※ If '	"Yes", pleas	e fill out the fo	llowing section	ı.]			
Type of Medicine Type of Medicine Type of Medi	Surr	currently being	Diagnosis									
	ently Illness	illness?		□ No		Yes			[]	
your child's developmental/ health condition that needs	attentio	on during group										
health condition that needs attention during group	like the	childcare facility to										
health condition that needs	know?											
health condition that <u>needs</u> attention during group childcare or that you would like the childcare facility to			(City Use) 以	下は、徳	島市記入村	闌のため	、記入しない	いでください。				
health condition that needs attention during group childcare or that you would like the childcare facility to know?			(6)(9) (6)	1101	шу (1- до / С)	m + > / C = >	(10) (0 0)	- 1722	<u> </u>			
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