

The guardian must fill out below.

Child number

Name of Child:	Date of birth	Name of Daycare Center: <input type="checkbox"/> Attending <input type="checkbox"/> Applying
Name of Child:	Date of birth	Name of Daycare Center: <input type="checkbox"/> Attending <input type="checkbox"/> Applying
Name of Child:	Date of birth	Name of Daycare Center: <input type="checkbox"/> Attending <input type="checkbox"/> Applying
Reason for submitting document	<input type="checkbox"/> Application <input type="checkbox"/> Lack of document <input type="checkbox"/> Change in working place/ working hours <input type="checkbox"/> Reinstatement <input type="checkbox"/> Start of parental leave <input type="checkbox"/> Others	

※Any change in *Shikyu Nintei (Approval for Receiving Childcare Services)* should be notified to us together with the application form to change the contents of *Shikyu Nintei*.

※This document is valid for three months.

※Please put seal above any correction (correcting fluid, tape, correctable ball-point pen should not be used).

Medical Certificate 診断書

Address
Name
Date of birth

Name of Disease	
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(Please put on the appropriate number)

1. I certify that the above patient cannot take care of the child due to medical treatment. (Patient)
2. I certify that the above patient requires nursing care on daily basis. (Nursing Care)

The period that the guardian cannot take care of the child:

From yyyy/mm/dd to yyyy/mm/dd

In case of hospitalization: Period in hospital (From yyyy/mm to yyyy/mm)

I hereby diagnose the patient as written above.

Date

Address of hospital (Clinic)

Name of hospital (Clinic)

Name of Doctor

Seal/Signature

※Please use this medical certificate or other certificate which contains the same information.