

Children's Center Registration Form

Year: Month: Date: _____

To the Head of Azuma-Nishi Children's Center, Tsukuba City

Name of Parent/Guardian: _____

I wish my child(ren) to use the Children's Center and hereby apply to register:

	Address	, Tsukuba City			
1	Child's Name	<i>Katakana</i>	Date of Birth	YYYY	MM DD
			Gender	Male / Female	
	School	Grade: Class:			
2	Child's Name	<i>Katakana</i>	Date of Birth	YYYY	MM DD
			Gender	Male / Female	
	School	Grade: Class:			
3	Child's Name	<i>Katakana</i>	Date of Birth	YYYY	MM DD
			Gender	Male / Female	
	School	Grade: Class:			

Note

If you have any concerns about the physical condition of the child you are going to register, please fill out here:

Contact information of the parent/guardian:

Priority order	Name	Relation to the Child	Phone	Work Place, etc.	
				Name of the Work Place	Phone
1					
2					
3					

Please write a phone number that can be contacted during the day.

Registration Period	From the day of registration to March 31, 202
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- "Children's Center Registration Form" is to register parent/guardian's contact information in case of an emergency, and will not be used for any other purposes.
- If there are any changes in contact information, please notify us of the change.