

## 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 <b>March 31, 2025</b>
---------------------	---

- "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.