APPLICATION

DATE (YY/MM/DD) ____________________

NAME: PLEASE CIRCLE: MALE FEMALE	PHOTO OF CHILD
BIRTHDAY: YY MM DD BLOODTYPE:	
NAME OF PARENT/LEGAL GUARDIAN:	
ADDRESS: 〒	
PHONE: (HOME) (FATHER'S CELL) (MOTHER'S CELL)	

EMERGENCY CONTACTS			
	①NAME	PHONE	RELATION
	②NAME	PHONE	RELATION
	③NAME	PHONE	RELATION

FAMILY MEMBERS

RELATION	NAME	BIRTHDAY	AGE	WORK OR SCHOOL

HOURS OF DAYCARE   :   ～   :

AVERAGE TEMPERATURE: ____.____ DEGREES CELSIUS / FAHRENHEIT (please circle one)

HEALTH CHECK			
	4MO CHECK	DONE ・ N/A	MEDICAL NOTES:
	1.5YR CHECK	DONE ・ N/A	MEDICAL NOTES:
	3YR CHECK	DONE ・ N/A	MEDICAL NOTES:

MEDICAL HISTORY			MEDICAL HISTORY CONT'D		
	EG.) MEASLES	AGE: 3YR 5MO			AGE:
		AGE:			AGE:
		AGE:			AGE:

RECURRING ISSUES (PLEASE CIRCLE ALL THAT APPLY)				
	HEAT CRAMP	DIARRHEA	HEAD ACHE	OTHERS:
	EPILEPSY	COLD	POLLEN SENSITIVITY	
	DISLOCATION	COUGH		
	VOMIT	STOMACH ACHE		
	ATOPY	ASTHMA		

ALLREGIES (YES / NO)	ALLERGENS:

VACCINATION RECORD				
	POLIO	YY MM	MUMPS	YY MM
	MEASLES	YY MM		YY MM
	CHICKEN POX	YY MM		YY MM

FAMILY DOCTOR	HOSPITAL NAME		DOCTOR	

ONGOING CARE	*EG. MEDICINES THAT ARE TAKEN ON A DIALY BASIS, OR SCHEDULED DOCTOR VISITS

FOOD		
	APPETITE	BIG ・ NORMAL ・ SMALL ・ DEPENDS
	PICKY	YES ・ NO ・ LITTLE (PREFERENCE: DISLIKES:)
	SNACKS	YES ・ NO ・ AT SET TIME (TIME PREFERENCE:)

SLEEPING HOURS	BED TIME WAKE TIME	NAP	YES ・ NO (HOW LONG:)

BOWEL AND URINE MOVEMENTS			
	FECAL	CONSTIPATED ・ NORMAL ・ GOOD	POTTY TRAINED: YES / NO
	URINE	FREQUENT ・ NORMAL ・ SELDOM	POTTY TRAINED: YES / NO
	LEAK	NO ・ YES (SOMETIMES ・ EVERYTIME)	

YOUR CHILD'S PERSONALITY

WHAT YOUR CHILD LIKES TO DO

OTHER NOTES YOU WOULD LIKE US TO KNOW (HABBITS, CONCERNS, ETC)

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