**＜The 8th Asia Pacific Occupational Therapy Congress 2024 ＞**

**Childcare Application Form**

|  |  |
| --- | --- |
| Name of guardian　　　　　　　　　　　　　　　 | Address　〒Emergency Contact　（TEL）　　　‐　　　　‐ |
| 　　Name of child |  | Age | 　　　　Gender |
|  |  | 　　Years　　　Months | □Male □Female |
|  |
|  | Drop-off time | 　　　　　　Pick-up time |
| MM/DD(　　/　　） | AM/PM, /MM(　　/　　) | AM/PM, /MM(　　/　　) |
| MM/DD(　　/　　） | AM/PM, /MM(　　/　　) | AM/PM, /MM(　　/　　) |
| MM/DD(　　/　　） | AM/PM, /MM(　　/　　) | AM/PM, /MM(　　/　　) |
| Meals | Bringing food and care provided in the childcare room | Going out with guardian (no care provided) |
|  |  |
| Daily Routine　 | 　□At home　□Nursery　□Kindergarten　□Accredited childcare center (Category 1, 2, 3)　□Primary school |
| **＊　Please complete the following information in advance** |
| 1. Food: □Breast milk (one time \_\_\_ cc every \_\_\_ hours) /□ Baby food / □Regular food
2. Diaper: □Diapers /□ In training / □Toilet (□Independent / □Assisted)
3. Nap: □Yes (From 　　***:*** to 　　***:***) / No
4. Allergies: □Yes (Type and precautions: 　　　　　　　　　　) / No
5. Normal body temperature:　　　 °C
 |
| **＊　Please have the guardian fill this out on the day of use** |
|  | **Health Status** | **Breakfast** | **Bowel Movement** |
| MM/DD(　　/　　） | Today's temperature（　　　　℃） | □　Ate□　Did not eat | □　Yes□　No |
| MM/DD(　　/　　） | Today's temperature（　　　　℃） | □　Ate□　Did not eat | □　Yes□　No |
| MM/DD(　　/　　） | Today's temperature（　　　　℃） | □　Ate□　Did not eat | □　Yes□　No |
| Dear Sapporo Sitter Service　　In order to use the childcare service of APOTC 2024, I agree to the Terms and Conditions outlined in the separate document and submit my application for the childcare service. |

　　　　　　　　　　　　　**Year 　　　Month　　　 Date　　Name of guardian**

Please kindly email the completed Application Form by Friday, October 18, 2024. Please use the subject line "Nursing Room."

Please submit the original Application Form to the Nursing Room reception on the day of your application

 **FAX　+81 11－261－1873**　/ **Ｅ－mail:** **reg-apotc2024@c-linkage.co.jp**