Application form for the acceptance of children, May 7-15, 2020

grade　　class　　name _____
grade　　class　　name _____

○Reason for application

For the acceptance of children at schools and/or kindergartens, I declare the following.

・I take fever and check physical condition of the child/children every morning.
・If there is any health problem of the child/children, I do not make the child/children go to schools and/or kindergartens.
・The commute to schools and kindergartens is in my charge.
・I make the child/children bring lunch.
・I make the child/children wash their hands often and well, wear masks and follow hygienic practice.
・I am available for emergency contact from schools and/or kindergartens.

Tel No.　（　　）

Guardian's Name _____ Stamp

【Dates and Hours】

Month	Date	Day	Hours	Remarks
5	7	Thu	～	
5	8	Fri	～	
5	11	Mon	～	
5	12	Tue	～	
5	13	Wed	～	
5	14	Thu	～	
5	15	Fri	～	