

Family Situation Report

Circle the appropriate condition	Mother	Father
	a.Disease b.Working c.nursing	a.Disease b.Working c.nursing
If selected a	Till month year a.Hospitalized b.Escort to hospital Weekly times	Till month year a.Hospitalized b.Escort to hospital Weekly times
	If selected b	If selected b
If selected c	a.Full time employee b.Self owned bussines c.Part time employee or similar	a.Full time employee b.Self owned bussines c.Part time employee or similar
	Relation to the patient nursing() a.Escort to the hospital weekly(times) b.Taking care at home	Relation to the patient nursing() a.Escort to the hospital weekly(times) b.Taking care at home
Contents of work		
Name of company		
Addrres		
Contact Number	Tel Extension No.	Tel Extension No.
Commuting Time(one way)	hrs mins	hrs mins
No. of days of working	month · week days (mon · tues · wed · thurs · fri · sat)	month · week days (mon · tues · wed · thurs · fri · sat)
Contact no in case of emergency (even mobile phone no is possible)	1 Name TEL Ext no	
	2 Name TEL Ext no	
	3 Name TEL Ext no	

Describe briefly health condition of the child.Mark O in the appropriate box.

Allergic	Yes · No					
Disabled	Yes · No					
Under medication	Yes · No					
Special care (other)	Yes · No					
Necessary day of childcare (Circle the day(s) you need Schoolchildren's Day Care Club.						
	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.
Plans attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Please check all that apply. absence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time to leave Schoolchildren's Day Care Club	:	:	:	:	:	:

Presently chid is taken care by

Day Nursery · Kindergarten
Others()

If brother or sister is going to the expected day core club at the time of joining the club

Name:	Grade:
Name of Day Care Club:	

If brother or sister is going to Day Nersery or Kindergarten when join the club

Name:	Grade:
Name of the kindergerten or dey nursery:	

I agree to confirm the condition of registration in the Day Nursery (Exceptional case if confirmationis not possible due to admission in unregistered day nursery)

Name of the Guardian:	*Signature is acceptable if not using seal.
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