Please fill out and bring this form to Nursery on your first day

**Kyoto International Conference Center**

**IUPAB 2024**

**Nursery Application Form**

I apply for Nursery after I understand and agree “Privacy Policy” and "Nursery terms of service"

Date: Guardian’s Signature

|  |  |
| --- | --- |
| Guardian’s Name |  |
| Contact | Address 　 |
| TEL　 | e-mail |
| Emergency contact phone （Mobile P） |
| Child’s name  | 　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　Nick name:　　　　　　　　 　　　 |  Boy / Girl |
| Age　　　year　　　　　　　month |
| Please tick the date and fill out time | Please inform us in advance, if you change time of your use. |
| □ June 24th (Mon) | □ June 25th (Tue) | □ June 26th (Wed) |
| ：　　～　　： | ：　　～　　： | ：　　～　　： |
| □ June 27th (Thu) | □ June 28th (Fri) |  |
| ：　　～　　： | ：　　～　　： |
| Any attention required in the childcare●Allergy：□No　□Yes ( 　　 )Usual Nursing： □At home　□At nursery school　□At kindergarten □At elementary school |
| Child’s name | Nick name:　 |  Boy / Girl |
| Age　　　year　　　　　　　month |
| Please tick the date and fill out time | □ June 24th (Mon) | □ June 25th (Tue) | □ June 26th (Wed) |
| ：　　～　　： | ：　　～　　： | ：　　～　　： |
| □ June 27th (Thu) | □ June 28th (Fri) |  |
| ：　　～　　： | ：　　～　　： |
| Any attention required in the childcare●Allergy：□No　□Yes ( 　　 )Usual Nursing： □At home　□At nursery school　□At kindergarten □At elementary school |

**< Contact: Alpha Corporation Inc. >**

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