

Please bring this form with you on the day.

Neuro 2010 Childcare Room Application Form

Name:	Affiliation:
Address	
(Home • Office)	
Telephone(Home • Office):	Mobile phone:
E-MAIL:	

【Date and time of use】

*One-day use rate will be applied if the total hours of the use exceeds 4(four) hours.

*For one-day use, please state the start and pick-up time.

Date of use	Scheduled time of use			
Thursday, September 2	:	~	:	:
Friday, September 3	:	~	:	:
Saturday, September 4	:	~	:	:

【Method of payment】

- Payment by bank transfer after the convention (Invoice will be sent by the Neuro2010 Secretariat)
- On-site cash payment (Please pay at General Information Desk on the last day of use)

【About your child(ren)】

<p>◎Child's name</p> <p>◎Sex M • F</p> <p>◎Nickname</p> <p>◎Date of birth(yy/mm/dd) / / (age years months)</p> <p>◎Has your child a habit? (Yes [please state] / No)</p> <p>◎Has your child stranger anxiety? (Yes [please state] / No)</p> <p>◎Health Condition Allergy:</p> <p>Normal Temperature: °C</p> <p>Today's Temperature: °C</p>	<p>◎Potty training <input type="checkbox"/> able to use bathroom alone</p> <p> <input type="checkbox"/> on potty training <input type="checkbox"/> in diaper</p> <p> <input type="checkbox"/> gives signal <input type="checkbox"/> no signal</p> <p>◎Sleep Nap: Preferred time :</p> <p> Posture: <input type="checkbox"/> on the stomach</p> <p> <input type="checkbox"/> on the back</p> <p> <input type="checkbox"/> on the side</p> <p>◎Meal Last meal time: Food • Milk (TIME :)</p> <p> Support for feeding</p> <p> <input type="checkbox"/> Formula milk(ml)</p> <p> <input type="checkbox"/> Breast milk Preferred time</p> <p> <input type="checkbox"/> Baby food TIME : :</p> <p> <input type="checkbox"/> Packed lunch</p>
<p>◎Child's name</p> <p>◎Sex M • F</p> <p>◎Nickname</p> <p>◎Date of birth(yy/mm/dd) / / (age years months)</p> <p>◎Has your child a habit? (Yes [please state] / No)</p> <p>◎Has your child stranger anxiety? (Yes [please state] / No)</p> <p>◎Health Condition Allergy:</p> <p>Normal Temperature: °C</p> <p>Today's Temperature: °C</p>	<p>◎Potty training <input type="checkbox"/> able to use bathroom alone</p> <p> <input type="checkbox"/> on potty training <input type="checkbox"/> in diaper</p> <p> <input type="checkbox"/> gives signal <input type="checkbox"/> no signal</p> <p>◎Sleep Nap: Preferred time :</p> <p> Posture: <input type="checkbox"/> on the stomach</p> <p> <input type="checkbox"/> on the back</p> <p> <input type="checkbox"/> on the side</p> <p>◎Meal Last meal time: Food • Milk (TIME :)</p> <p> Support for feeding</p> <p> <input type="checkbox"/> Formula milk(ml)</p> <p> <input type="checkbox"/> Breast milk Preferred time</p> <p> <input type="checkbox"/> Baby food TIME : :</p> <p> <input type="checkbox"/> Packed lunch</p>

Requests or comments

*Please make a photocopy this form in the case that you farm out more than 3 (three) children.