

Child Information Sheet

This sheet declares the family and health status of the child applicant.

Child	Name (kana)		Date of birth	(year Reiwa) (month) (day)	Sex	Male / Female
	Name (kanji/alpha bet)		Health status	Good / Poor		
Address						
Preferred contact no.	① Home / Father / Mother / Other ()		② Home / Father / Mother / Other ()		③ Home / Father / Mother / Other ()	
Parents	Father	Not present (Separated / Deceased / Unmarried) / Present	Name (kana) / Name (kanji/alpha bet)		Date of birth	Show (year a) (month) (day) Heisei
				Health	Good / Poor	
		Eligibility	1. Employed 2. Sick/disabled 3. Looking for job 4. Other (please specify:)			
	Mother	Not present (Separated / Deceased / Unmarried) / Present	Name (kana) / Name (kanji/alpha bet)		Date of birth	Show (year a) (month) (day) Heisei
				Health	Good / Poor	
		Eligibility	1. Employed 2. Sick/disabled 3. Looking for job 4. Giving birth (expected year month) 5. Other (please specify:)			
Grandparents	Father's side	Grand father (Present / Not present)	Age	Occupation	Live together / Separate / Duplex Address	
		Grand mother (Present / Not present)	Age	Occupation	Live together / Separate / Duplex Address	
	Mother's side	Grand father (Present / Not present)	Age	Occupation	Live together / Separate / Duplex Address	
		Grand mother (Present / Not present)	Age	Occupation	Live together / Separate / Duplex Address	
Other family in the residence	Relation to child	Name	Date of birth	Health	Occupation/school	
			(Year) (Month) (Day)	Good / Poor		
			(Year) (Month) (Day)	Good / Poor		
			(Year) (Month) (Day)	Good / Poor		
			(Year) (Month) (Day)	Good / Poor		
			(Year) (Month) (Day)	Good / Poor		
Current childcare status	① Attending Nursery / Kindergarten (Name:)					
	② In a non-authorised facility (Name:)					
	③ Other (Please specify:)					
Preferred drop-off/pick-up person/times	Drop-off: Father / Mother / Other () Time :					
	Pick-up: Father / Mother / Other () Time: Weekday : , Saturday :					
	Workplace name, work days and hours, illness etc.		Father ()			
			Mother ()			
For city office use						

		Age as of writing	yrs	mos
Birth condition	Illness during pregnancy No / Yes () Delivery Normal / Abnormal () Fetus weeks at birth: weeks At birth: Weight (g) Height (cm) Head circumference (cm) Chest (cm) Birth condition Normal / Abnormal (asphyxia / cyanosis / seizure / jaundice / oxygen used / incubator used / phototherapy / exchange transfusion)			
Health	(1) Currently in medical treatment No / Yes (Diagnosis: Name of hospital:) (2) Has been hospitalised No / Yes (Diagnosis: Name of hospital:) (When:) (3) Health checks received at: 1 mo / 3 mo / 9 mo / 18 mo / 3 yo (4) Taking any medicine No / Yes (Name: For how long:) (5) Normal temperature (°C)			
Food	(1) Form of food Breast milk / Baby milk / Both // Weaning (Early / Middle / Late) // Normal food (2) Feeding Fed / Eats by hand / Eats with spoon or fork / Eats with chopsticks (3) Food allergy No / Yes () (4) Picky on food No / Yes () (5) Able to keep seated for the duration of a meal Yes / No			
Excretion	(1) Wears a diaper No / Yes (Always / Only for outside / Only for sleep / Other ()) (2) Urinates In the toilet by self / Sometimes in the toilet / In a diaper (3) Defecates In the toilet and wipes self / In the toilet but someone else wipes / Sometimes in the toilet / In a diaper			
Sleep	(1) Hours Goes to sleep at : , Wakes up at : (2) Regular naps No / Yes (From : to :) (3) Any habit related to sleep No / Yes ()			
Motor skill Development	(1) The head became stably upright at (mo) (2) Started crawling at (mo) (3) Started sitting at (mo) (4) Started walking at (mo) (5) Changes clothes All by self / With partial help / With considerable help / Unable (6) Stairs up/down Steps with both feet / Steps on one foot / With hand held / Unable (7) Jumps on both feet Yes / No			
Language etc.	(1) First time laughed out loud (mo) (2) Acted shy around people Yes (mo) / No (3) Understands adults' basic words (come, give me) Yes / No (4) Has pointed at items of interest Yes / No (5) Started using one-word sentences (mama, bu-bu (car), wan-wan (dog), etc.) (mo) (6) Can say their own name Yes / No (7) Speech (None / Single words / Two words / Three words / Converses / Converses with pronunciation issues) (8) Meets your eye when you speak or in conversation Yes / Sometimes / No (9) Understands numbers No / Up to three / Up to five / Up to ten (1 0) Understands red, blue, yellow, green No / Can point on verbal cue / Knows as a concept			
Play	(1) Types of play they like () (2) People they play with () (3) Plays with same-aged children Yes / Yes but does not last / No			
Other	Any peculiar behaviour or habits Yes (Choose from below) / No Climbs on high places / Arranges things / Collects items like boxes / Interested in rotating objects Dislikes changes in routine (e.g. gets angry when taking a different route) / Tries to touch water even when told not to / Restless / Other ()			
Experience spending time in group		No / Yes (Name of facility: Since: y m d)		
Physical Disability Certificate		No / Yes (Class 1/2/3/4/5/6) Orthopaedic/Visual/Hearing/Other ()		
Intellectual Disability Certificate		No / Yes (Class A/B/C) Acquired (y m d)		
Prosthetics		No / Yes ()		