Financial Support for Temporary Childcare Services

Extract 1

Registration Form for Students

Date:

Name of an Alternative Guardian:

Child’s Name:

Tel:

Name:

df

Student ID No:

Faculty/School/Year:

Home Address:

E-mail Address:

Child’s Age:

　　　　　　 Years old

Place of Work or Name of School of the Alternative Guardian:

(Please attach a certificate of employment or school certificate of the alternative guardian

 above and a copy of maternity record book.)

Name of the place where the child care service is planned to take place or name of the babysitter company:

　(Please specify the names above if you have already decided at the time of registration.)

Additional Information

1．Why do you want to use temporary childcare services?　(multiple answers allowed)

1. For childcare services within course modules and research activities
	1. The service I am using now does not cover them.
	2. I cannot find childcare service for daily use.
2. For childcare services during weekends and national holidays, for extra research activities, and conference participation.
3. For special childcare services after medical treatment
4. Other　（　　　　　　　　　　　　　　　　　　　　　　　　　　　）

2．Frequency of Annual Use of Childcare Services (planned)

1–5 times 6–10 times More than 10 times

\*The dates for using childcare services must be within academic or research terms.

If you want to use childcare services during weekends for attending study groups or

conferences, please submit a certificate of attendance.

3．Terms of Childcare Service Use in this Academic Year (planned)

　　April-June July–September October–December January–March

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Please sign if you agree to accept the registration above.

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| Educational Affairs Division/Affiliated School  | Gender Equality Promotion Office |
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