

	年月日	済
入力		
年会費		
名簿		

*For Office use only



LIFE LITTLE
ライフ・リトル

Introducer

Date of application

入会申込書

Registration form

Parents	Age
Name _____	
Name _____	

Child	
Name _____	
Date of birth _____	Sex _____

〒 _____

TEL _____ FAX _____

Please write the nearest train station from your home.
:

Name of employer (Father)	Name of employer (Mother)
_____	_____
Address 〒 _____	Address 〒 _____
TEL _____	TEL _____

Invoicing address

〒 _____

Application Form

		Boy / Girl	Date Of Birth:		
Name					
Address:					
TEL			FAX		
Family	Name	Age	Date Of Birth	Sex	Relationship
Access		Walk	Train	Car	Bus
Contact Number Father[] mother[
Email address		Father[]	
		Mother[]	
Emergency Contact1:			Emergency Contact2:		
Name:		Relationship		Name:	
				Relationship	
Please provide us health information such as allergies, asthma					
Name of hospital:			Contact number:		
Home discipline			Kindergarten's name		
			Address		
			Telephone		
			Access to the Kindergarten		
Child's Character:					
<p>a. Childcare center b. International school c. Japanese school d. Babysitter</p> <p>Please circle our services above which you would like to use, and write below any requests for nursery services.</p>					

承諾書

私は、会員規約に基づき承諾した上で
入会申し込みの手続きをいたします。

平成 年 月 日

(有)ライフリトル殿

保護者氏名

印

住所

TEL