

**Temporary Childcare Service - Questionnaire About Your Child**

Date (記入日): \_\_\_\_\_

Please circle(O) the item which is applicable to your child. Please fill in the spaces provided.

お子さんの生活状況について該当する欄に○印をつけてください。( )内は必要事項を記入してください。

Child's Name (児名):		Nickname (愛称):	Gender (性別): M (男) / F	Normal temperature (平熱):		
Date of Birth (生年月日):	yy (年) / mm (月) / dd (日)					
<Breastfeeding> (授乳について)	(For 0 year old only) (0歳児対象)					
Method of nutrition (栄養法)	Breastfeeding (母乳)	Breastfeeding & Formula (混合乳)	Formula (人工乳) (brand's name (ブランド))			
Size of feeding bottle teats (乳首のサイズ)	S / M / L / Cross cut (クロスカット)					
Amount per feeding (ミルクの1回量)	cc	Intervals (何時間おき) every ( ) hours (ex.every 3 hours)				
<Baby Food> (離乳食について)	(for 0 year old only) (0歳児対象)					
Current status (現在の形態)	Weaning Food (どろどろ) / Solid Food (固形食) / Infant Food (幼児食)					
Appetite (食欲)	Good (良い) / Normal (普通) / Uneven (ムラがある) / Little (あまり食べない)					
Has your child experienced rash or diarrhea after meal? (今までの食事で発疹が出たり、下痢をしたことはありませんか)	No (ない)	Yes (ある) (Detail (詳細): ( ))				
Is your child drinking fresh milk? (牛乳について)	Yes	Not yet				
Drinking method (飲み方)	Bottle (哺乳瓶) / Cup (コップ) / Straw (ストロー) Others (その他) ( )					
<Meals> (食事について)	(For 1-5 years old) (1~5歳児対象)					
Appetite (食欲)	Good (よい) / Normal (普通) / Uneven (ムラがある) / Little (あまり食べない)					
Method (食事方法)	Needs help completely (たべさせてもらう)	Needs help partially (介助してもらう)	Eats by him/herself (自分で食べる) (spoon (スプーン) / fork (フォーク) / hand (手づかみ) / chopsticks (箸))			
Does your child have food dislikes? (苦手な食品について)	No (ない)	Yes (ある) (Detail (詳細): ( ))				
<Sleep & Excretion> (睡眠・排泄について)	(For 0-5 years old) (0~5歳児対象)					
Napping (昼寝の有無)	Regularly (定期的に) (time (時間): __:__ to __:__)	Sometimes (時々 する)	No naps (しない)			
Falling asleep (寝つき)	Easy (良い)	Difficult (悪い)				
Waking up (寝起き)	Easy (良い)	Difficult (悪い)				
Situation when sleeping (寝るときの状態)	Needs to be cuddled (抱っこ)	Uses pacifier (おしゃぶり使用)	Habit or preference when sleeping (眠る時のくせがある) (Detail (詳細): ( ))			
Urination (排尿)	Can inform (教える)	Cannot inform (教えない)	Can do alone (一人できる)	Cannot do alone (一人でできない)	Can wipe with paper by oneself (紙で拭ける)	Cannot wipe by oneself (拭けない)
Stool (排便)	Can inform (教える)	Cannot inform (教えない)	Can do alone (一人できる)	Cannot do alone (一人でできない)	Can wipe with paper by oneself (紙で拭ける)	Cannot wipe by oneself (拭けない)
Frequency of stool (排便頻度)	Everyday (毎日) / Not daily (毎日ではない)					
<Physical Condition> (体質に)	(For 0-5 years old) (0~5歳児対象)					
Health (健康)	Frequent fever (よく熱を出す)	( )				
	Nose bleeds easily (鼻血が出やすい)	( )				
	Constipation (便秘がち)	( )				
	Infects easily (化膿しやすい)	( )				
	Throws up easily (吐きやすい)	( )				
	Atopic dermatitis (アトピー性皮膚炎)	( )				
	Dermatitis eczema (湿疹)	( )				
	Pulled elbow (肘内障)	( )				
	Otitis media (中耳炎)	( )				
	Febrile convulsions (熱性けいれん)	( )	(at months old, times) ( )	( )		
Medical history (既往症)	( ) ( )					
Allergy (アレルギー)	No allergy (無) Have allergy (有) (medicine/food/animal/others( ) *Please fill in another form for more detail. (薬品 食品 動物 その他 ( ) *別途詳しく書類にご記入いただきます。)					
<Language & Play> (言葉・遊びについて)	(For 0-5 years old) (0~5歳児対象)					
Current Stage (現在)	Babbles (喃語)	Broken language (片言)	Two-word sentences (二語文)	Speaks clearly (はっきりしている)	Can understand simple sentences (簡単な声かけが理解できる)	Can understand Japanese (日本語が理解できる)
Shyness (人見知りについて)	Shy (する) / Not shy (しない)					
Childcare experience (保育経験について)	First time (初めて) / Have used other facility/facilities (他の施設を利用したことがある) ( times (回))					
<Please write down if there is anything you would like to let us know about your child> (お子さんについて伝えておきたいことなどをご記入ください)						

\* Please contact each facility regarding whether or not you can use the medicines in stock at the nursery school.

(\* 園にある常備薬の使用可・不可については、各施設にお問い合わせください。)