Nombirinko Registration Form

Registration Date： /   /

		Birth Date		S e x	M ・ F
In Japanese					
Child's Name	(last name)　(first name)	/　　/ year　month　date			(male)　(female)

Address		Phone Number① (easy to contact with)	(　　)
		Phone Number② (number for emergency)	(　　)
		allergy (food allergy other.)	No　・　Yes (　　　　　　)

		relation-ship	father　・　mother　・　grandfather　・ grandmother　・　other(　　　　)
In Japanese			
Parent's Name			

Sibling's name		登録番号

●Do you have any other child that is…　(circle one)

　　　1．No, I don't have any　　2．twins　　3．born within a year

●What is the purpose to use Nombirinko？　(circle one)	●What brought you to come to Nombirinko?　(circle one)
1．To play 2．Gather information 3．Want to consult 4．Want to meet and make new friends 5．To attend an event/events 6．Want to refresh myself 7．Others（　　　　　　）	1．Flyer or brochure of Yokohama city/ Naka ward 2．Web page of Yokohama city/ Naka Ward 3．Introduction from public health nurse/ public health and welfare center 4．Web page/ flyer of Nombirinko 5．Introduction from friends/acquaintances 6．Public information magazines 7．Just happened to pass nearby 8．Health examination for children 9．Others（　　　　　　　　）

●How do you come to Nombirinko？　(circle one)
　1．On foot　　2．By bicycle　　3．By bus　　4．By train　　5．By car　　6．Others（　　　）

Notes	

＊Nombirinko strictly protects your personal data based on Personal Information Protection Law.

We will not release your information to others without your permission except in the cases of emergency.

※If you already had registrated the same document for another sibiling, and no changes are necessary , only fill out thick-bordered boxes.

※Please inform to the staffs if you have any new information to provide with regards to the registration form.

※Please make sure the information on this document was provided by the child's parents or guardians.

保管	登録確認	入力