

# Application Form

Tohoku University Hospital Day Care Center for Children Recovering  
from Illness  
(Hoshinoko Room)

Date: \_\_\_\_\_

To the President of Tohoku University Hospital

Parents      Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Please read the “User Guide” before submitting the application materials.

| Child | Katakana name | Relationship<br>to parents | Date of Birth<br>(Y/M/D) | Age      | Gender |
|-------|---------------|----------------------------|--------------------------|----------|--------|
|       | Name          |                            |                          | yrs. old | M / F  |
|       | .....         |                            |                          |          |        |

## Emergency Contact

| Priority | Katakana name | Relationship<br>to Child | Name and Contact Information<br>for Workplace/School |
|----------|---------------|--------------------------|--|
|          | Name          |                          |  |
| 1        | .....         |                          | Workplace:<br>Work phone:<br>Mobile:                 |
| 2        | .....         |                          | Workplace:<br>Work phone:<br>Mobile:                 |
| 3        | .....         |                          | Workplace:<br>Work phone:<br>Mobile:                 |

Dates Used      Date: \_\_\_\_\_      Date: \_\_\_\_\_

Date: \_\_\_\_\_      Date: \_\_\_\_\_

Date: \_\_\_\_\_      Date: \_\_\_\_\_