# Childcare Service Application Form

Please fill in the necessary information below and send the completed application form to yoyaku@alpha-co.com
If you have more than one child, please complete a separate form for each child.

**Application Deadline: September 25, 12:00 noon (JST / UTC+9)**

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|---|---|
| Parent's Full name | |
| Emergency Contact information (mobile phone number) | |
| Full Name of Child | |
| Child's Age | |
| Date of Birth | |
| Childcare Date / Time Range | Date : Sep. 29 / Sep. 30<br>Time : From : to : |
| Please let us know at the time of application if you have any concerns regarding allergies, physical or mental health issues from a doctor's diagnosis, or specific issues when spending time in group childcare.<br><br>Please note If you do not notify us, we may refuse your use of this service. | |