Moana Kamali’i Center

RegistRation, PeRmission & LiabiLity ReLease

登録,許可, 責任 解放

Referred By 参照元\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Start Date希望開始日 今日の日付\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Child Information 子供の情報

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M F

First Nameファーストネーム M.I. ミドルネーム Last Name 苗字 Preferred Name 好ましい名称

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth 生年月日

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address 住所 City 市 Zipジップ

Please circle one

Naval Hospital or Japanese Hospital

海軍病院または日本病院

# Your Preferred Schedule

Monday Tuesday Wednesday Thursday Friday SaturdaySunday

IN: \_\_\_\_\_\_ IN: \_\_\_\_\_\_ IN: \_\_\_\_\_\_ IN: \_\_\_\_\_\_ IN: \_\_\_\_\_\_ IN: \_\_\_\_\_\_ IN: \_\_\_\_\_

OUT: \_\_\_\_\_\_ OUT: \_\_\_\_\_\_ OUT: \_\_\_\_\_\_OUT: \_\_\_\_\_\_OUT: \_\_\_\_\_\_ OUT: \_\_\_\_\_\_OUT: \_\_\_\_\_\_

# Family Information 家族情報

Parent/Guardian 親保護者 Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| First Name Middle Name Last Name 苗字ファーストネーム ミドルネーム |  First Name Middle Name Last Name 苗字ファーストネーム ミドルネーム |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone Mobile Phone 携帯電話 Work Phone 自宅の電話 勤務先の電話 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone 自宅の電話 Cell Phone 携帯電話 Work Phone 勤務先の電話 |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Work 勤務先 Occupation 職業 Place of Work 勤務先 Occupation 職業

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-mail Address電子メールアドレス E-mail Address 電子メールアドレス

Sibling(s) 兄弟

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sibling Name 兄弟の名前 D.O.B 生年月日

 Sibling Name 兄弟の名前 D.O.B 生年月日

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sibling Name 兄弟の名前 　D.O.B 生年月日

Sibling Name 兄弟の名前 D.O.B 生年月日

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Information about Child 子供に関する情報

Is there any other information about your child that would be helpful for the staff to know in order to take better care of your child? (Please attach additional sheet if necessary.) お子さんの世話をする

ためにスタッフが知っておくと役立つ、お子さんに関する他の情報はありますか？（必要に応じて追加のシートを添付してください。）

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Your Child’s Health あなたの子供の健康

Does your child take any prescribed medications? あなたの子供は処方された薬を服用していますか？

Does have any allergies? お 子さんにアレルギーはありますか？ **Y N** If yes, please explain:はいの場合、説明してください：

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is your toddler toilet trained? あなたの幼児用トイレは訓練されていますか？ **Y N**

Is your toddler currently learning to use the toilet? あなたの幼児は現在トイレの使い方を学んでいます

か？ **Y N**

If not, at what age do you want your child to begin toilet learning? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

そうでない場合、あなたは何歳であなたの子供にトイレの学習を始めてもらいたいですか？

Will your toddler tell a staff member when they need to use the restroom? あなたの幼児は、トイレを使う必要があるときにスタッフに話しますか？ **Y N**

Please list any special needs your child may have. あなたの子供が持つかもしれない特別なニーズをリストしてください。\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature: サイン：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Authorized Individual(s*)* 許可された個人

Please list anyone not previously listed who is authorized to pick up your child. I.D. will be required at the time of pick up. Indicate if the person listed may also be contacted in the event of an emergency.

 あなたの子供を迎えに行くことを許可されている、以前にリストされていない人をリストしてください。 ID ピックアップ時に必要になります。緊急時にリストされた人にも連絡できるかどうかを示してください。

| Emergency Name: 緊急名：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Relationship to Child Work Phone HomePhone Cell Phone 子どもとの関係勤務先の電話自宅の電話 携帯電話\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Y \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Y \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Y \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Y  |  N  N  N  N  |
| --- | --- | --- |

Are there any custody restrictions?保管制 限はありますか？ **Y N**

 If yes, a copy of the court order and any restrictions must be submitted with these registration forms*.* はいの場合、裁判所命令のコピーと制限事項をこれらの登録フォームとともに提出する必要があります。

## Permission Form

1. I hereby give permission for pictures and/or videos to be taken of my child in the program setting for general record-keeping purposes.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. I hereby give permission for my child to participate in allactivities.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Liability Release Form

In consideration of allowing the previously declared participant(s) to begin participation in Moana Kamali’I Center activities, while on the premises and property of said Center, the undersigned, for themselves, and/or being the legal and acting guardian of participant(s), acting for themselves and on behalf of the participant(s), release and hold harmless Moana Kamali’I Center, its owners, employees, and agents of and from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned, while in or upon the premises upon which Moana Kamali’I Center is conducted, or any premises under the control and supervision of Moana Kamali’I Center, its owners, officers, employees, or agents or in route to or from any of the said premises, or while at any premises or place when activities sponsored by or participated in by Moana Kamali’I Center, its owners, officers, agents, or employees.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Assumption of Risk

Participation in physical activities can involve motion, rotation, and height in a unique environment and as such carries with it a certain assumption of risk. The undersigned and the participant(s) choose to voluntarily enter upon said premises under the control of said limited liability company, knowing their present condition and knowing that said condition might become more hazardous and dangerous during the time the participant or the undersigned is upon said premises. The undersigned and the participant(s) voluntarily assume any and all risks of loss, damage, or injury that may be sustained by the participant(s) and/or the undersigned or any property owner by them while on or upon said premises above. The limited liability company may, but shall not be obliged to carry insurance on the participant(s) and the existence of insurance shall not change, alter, or increase the liability of the Moana Kamali’I Center to the participant(s) and the undersigned or affect the terms of this Release. In signing the Release, the undersigned acknowledges:

1. That they have read thoroughly, understands completely the terms of Registration and Release, and signs it voluntarily.
2. That the undersigned signing either for themselves, or as Legal Guardian is, in fact, the true and legal guardian and has the consent of the participant(s).

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Medical Release

The undersigned gives permission for Moana Kamali’I Center owners, employees, and/or agents to seek emergency medical treatment for the participant(s) in the event they are unable to reach any parent or guardian. The undersigned also agrees that they themselves will be responsible for any financial debt incurred by said action.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of Imergency

Chubu tokusyukai hospital

Tel.098-932-1110

## \*type of insurance,insured accidents,and insured amount

our facility is insured as follows,

type of insurance ;Comprehensive General Liability insurance

Amount of Insurance;30.000.000 yen

## \*For inquiries and complaints regarding the content of child care of our facility,please contact the following

COMPANY: THE FAUNTEROY CORPORATION

NAME OF THE FACILITY MOANA KAMALI'I CENTER

REPRESENTATIVE:WAYNE FAUNTEROY/MIYUKI BENNETT

RECEPTION HOURS:10AM-5PM

CONTACT NUMBER:070-1970-1781

\*This facility is a childcare facility that has not been accredited by the Child Welfare Act,Article 35 as a (unaccredited childcare facility) that is obligated to report its installation to Okinawa Prefecture based on the same Act,Article 59-2.

 Nortified to : Okinawa Prefecture (Child Care Support Division) TEL : 098-866-2457

## Permission Form1. 許可書

私はここに、プログラムで私の子供の写真やビデオを撮影することを許可します一般的な記録管理の目的のための設定。

親/保護者の署名 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_日にち \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.私はここに私の子供がすべての活動に参加することを許可します。

親/保護者の署名 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_日にち \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Liability Release Form 責任リリースフォーム

署名した参加者がセンターの活動に参加できるようにすることを考慮して、当該センターの敷地内および所有物にいる間、署名者は自分自身のために、または参加者の法的および代理の保護者である自分自身のために、参加者に代わって行動し、センター、その所有者、従業員、およびすべての責任、請求、要求、および訴訟原因の代理人を解放し、無害にします。センター敷地内で参加者または署名者が被る可能性のある、死亡を含む損失、損害、または傷害に起因または関連するもの

センター、その所有者、役員、従業員、または代理人の管理および監督下で、または上記の施設への出入りの途中、またはセンターが後援または参加した活動の際に、施設または場所にいる間' 私はセンター、そのオーナー、役員、エージェント、または従業員、および全ての責任、請求、要求、および訴訟原因の代理人を解放し、無害にします。

親/保護者の署名\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_日にち \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Assumption of Risk リスクの引き受け

身体活動への参加は、独特の環境での動き、回転、身長を伴う可能性があり、そのため、リスクの特定の仮定が伴います。署名者および参加者は、彼らの現在の状態を知り、参加者または署名者が敷地内。署名者および参加者は、上記の敷地内または敷地内で参加者および/ または署名者または所有者が被る可能性のある損失、損害、または傷害のリスクを自主的に負うものとします。有限責任会社は、参加者に保険をかける義務を負わないものとし、保険の存在は、参加者および署名されているか、このリリースの条件に影響を与えます。リリースに署名する際に、署名者は次のことを認めます。

1. 十分に読み、登録とリリースの条件を完全に理解し、自主的に署名すること。
2. 署名された署名は、自分自身のために、または法定後見人として、実際には真の法定後見人であり、参加者の同意を得ていること。

親/保護者の署名 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 日にち \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Medical Release* 医療リリース

署名者は、センターの所有者、従業員、および/ または代理人が、参加者が親または保護者に連絡できない場合に緊急治療を求めることを許可します。署名者はまた、彼ら自身が上記の行動によって発生した金銭的債務に対して責任を負うことに同意します。

親/保護者の署名 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 日にち \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

緊急時の搬送先

中部徳洲会病院 TEL 098-932-1110

## 利用者に対しての保険の種類・保険事故・保険金額

当施設では、以下の通り保険に加入しています。

保険の種類　　企業総合保険　一般

保険金額　　賠償責任保証条項保険金額　30,000,000円

## 当保育施設の保育内容等に関する問い合わせ、苦情等の受付先は以下の通りです。

担当者：ベネット　美由紀

担当者連絡先　070−1970–0781

受付時間　午前１０時〜午後５時

施設の概要

施設の名称：モアナ・カマリイセンター

設置者：（株）TEE FAUNTEROY CORPORATION

管理者氏名　ベネット美由紀

＊当施設は児童福祉法第３５の認可を受けていない保育施設（認可外保育施設）として同法第５９条の２に基づき沖縄県への設置届出を義務つけられた施設です。

設置届出先；沖縄県（子育て支援課）TEL 098-866-2457