

Minokamo City After School Children's Club Usage Application Form

美濃加茂市放課後児童クラブ利用申請書

\_\_\_Year \_\_\_Month \_\_\_Day

To the Mayor of Minokamo City

I want to avail of the  Hokago Jido Club service, therefore I am submitting this application along with the related documents.

Address	Minokamo shi					
Furigana	-----					
Parent's Name	-----					
Tel. no.1		Relation		Tel.no.2		Relation

\* If we need to contact you, we will call Tel.no.1 first.

Desired Plan (Mark your selection with a circle.)	<input type="checkbox"/> ① Whole Year (No Saturdays) (Including Summer vacations)	<input type="checkbox"/> ② Whole Year (With Saturdays) (Including summer vacations)
	<input type="checkbox"/> ①' Whole Year (No Saturdays) (Excluding Summer vacations)	<input type="checkbox"/> ②' Whole Year (With Saturdays) (Excluding summer vacations)
	<input type="checkbox"/> ③ Summer Vacation Only (No Saturdays)	<input type="checkbox"/> ④ Summer Vacation Only (With Saturdays)
	<input type="checkbox"/> ⑤ Spring, Summer and Winter Vacations Only (No Saturdays)	<input type="checkbox"/> ⑥ Spring, Summer and Winter Vacations Only (With Saturdays)

(Furigana)	-----			School Name and Year Level	for FY 2024 School Year
Name of Child	-----			<input type="text"/> Elementary School, Grade <input type="text"/>	
Date of Birth	Year	Month	Day	(Currently: <input type="text"/> Grade / <input type="text"/> Nursery/Kindergarten)	

Employment/ Education Status of all Family Members Living in the Same House ( Including those who are in a separate household )	Name	Relation	Date of Birth	Occupation/School, etc.	Arrival Time at Home
			Year Month Day		
			Year Month Day		
			Year Month Day		
			Year Month Day		
			Year Month Day		

Desired Entrance Date	Year	Month	Day	Authorized person for pick up	Name	Relation	Pick up time
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Check the appropriate	Living status of grandparents living separately	<input type="checkbox"/> Living within the city, etc.(Address: _____ )	<input type="checkbox"/> Living outside the city
	Reason for Use	<input type="checkbox"/> Work, Attending school or Undergoing Technical Training	<input type="checkbox"/> Pregnancy/Giving Birth
	Food allergies (Yes/No)	<input type="checkbox"/> Yes (Does he/she require an EpiPen? Yes / No) <input type="checkbox"/> No	Child Health Condition: <input type="checkbox"/> Good <input type="checkbox"/> Not Good
	Is your Household Tax-exempt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently on Public Welfare (Seikatsu Hogo)? <input type="checkbox"/> Yes <input type="checkbox"/> No

If you have any worries or concerns regarding your child's health / lifestyle, mental and physical condition please write them down.	(Please write down the details of the child conditions such as allergy and diagnosis, etc. as much as possible )
Do you have a Certificate of Employment? (Only if applicable)	If you have already submitted documents with a Certificate of Employment (proving the need for childcare) issued within 3 months such as Siblings' "Education/Childcare Current Status Report", "Approval Form for Admission or Change of details in Nursery School / Enrollment Form for Nursery School "; please put a circle in the box to the right. (Additional documents may be requested.)

<b>Terms of Commitment (誓約書兼同意書)</b>	
① I will pay the After School Children's Club nursery fees by the designated payment deadline. ② If I am contacted because my child cannot stay in the club due to illness, injury, etc., I will pick him or her up as soon as possible. ③ If we no longer meet the criteria for using the club, I will submit a Cancellation Notification and stop using the service promptly. ④ I understand and will abide by the instructions stated in the Checklist: Things to Consider to ensure the proper management of the After School Children's Club. ⑤ I consent to the sharing of personal information between the club and his or her elementary school. ⑥ I understand and agree to the sharing of information held by nursery schools, children's centers, kindergartens, and other specific education/ nursery facilities, etc., regarding application for after-school children's club.	
Parent's Name and Signature: _____	

美濃加茂市使用欄 (To be filled-up by Minokamo City personnel)

受付印	確認	確認2	受付簿	前年度	入力	兄弟姉妹	可否	クラブ連絡	保護者	備考
				有・無		有・無	許可・待機			