様式第1 号(第7 条関係)

English･英語

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.)					
	① Whole Year (No Saturdays) (Including Summer vacations)		② Whole Year (With Saturdays) (Including summer vacations)		
	①' Whole Year (No Saturdays) (Excluding Summer vacations)		②' Whole Year (With Saturdays) (Excluding summer vacations)		
	③ Summer Vacation Only (No Saturdays)		④ Summer Vacation Only (With Saturdays)		
	⑤ Spring, Summer and Winter Vacations Only (No Saturdays)		⑥ Spring, Summer and Winter Vacations Only	(With Saturdays)	

(Furigana)				School Name and Year Level	for FY 2026 School Year [ ] Elementary School, Grade [ ]			
Name of Child					(Currently: [ ] Grade / [ ] Nursery/Kindergarten)			
Date of Birth	Year Month Day							
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	
Check the: Living status of grandparents living separately	[ ] Living within the city, etc.(Address:) [ ] Living outside the city							
Check the: Reason for Use	[ ] Work, Attending school or Undergoing Technical Training [ ] Pregnancy/Giving Birth [ ] Illness/ Caregiver/Nursing [ ] Others							
Check the: Food allergies (Yes/No)	[ ] Yes (Does he/she require an Epipen? Yes / No) [ ] No		Child Health Condition: [ ] Good [ ] Not Good					
Persons eligible for childcare fee reduction/exemption	[ ] Not applicable [ ] Applicable (☐Welfare ☐Tax exempt household ☐School Expenses Support)							
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,attend a special support program and diagnosis, etc. as much as possible)		Whether or not you have a Disability Certificate	[ ] YES [ ] NO				
			Type					
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.)						[ ]	

Terms of Commitment (誓約書兼同意書)

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			