様式第1 号(第7 条関係)

記入例

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

2025Year 12 Month XX Day

To the Mayor of Minokamo City

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

Address	Minokamo shi Oota Cho 3431-1						
Furigana	かも たろう						
Parent's Name	Kamo Tarou						
Tel. no.1	090-1234-5678	Relation	Father	Tel.no.2	090-1234-5678	Relation	Mother

＊ 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)	かも いちろう			School Name and Year Level	for FY 2026 School Year Oota Elementary School, Grade 1				
Name of Child	Kamo Ichirou				(Currently: Grade / minokamo Nursery/Kindergarten)				
Date of Birth	20XX Year 4 Month 1 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
	Kamo Tarou		Father	19XX Year 4 Month 4 Day		Company Employee			19:00
	Kamo Hanako		Mother	19XX Year 5 Month 5 Day		Company Employee			17:30
	Kamo Gorou		Grand Father	19XX Year 6 Month 6 Day		Part time job			17:30
				Year Month Day					
				Year Month Day					
Desired Entrance Date	20XX Year	4 Month	1 Day	Authorized person for pick up	Name: Hanako	Relation	Mather	Pick up time	17:45

Check the	Living status of grandparents living separately	○ Living within the city, etc.(Address: Oota Cho 1900) ☐ Living outside the city
	Reason for Use	○ Work, Attending school or Undergoing Technical Training ☐ Pregnancy/Giving Birth ☐ Illness/ Caregiver/Nursing ☐ Others
	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) If you have a raw egg allergy or intellectual disability, please be specific and use simple,easy to understand language when giving instruction.	Whether or not you have a Disability Certificate: ○ YES ☐ NO; Type: Rehabilitation Handbook B2
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: Kamo Tarou

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			