別記様式（第２条関係）

別記様式第１号（第５条関係）(英語)

FY \_\_\_\_ KIDS CLUB APPLICATION FORM

　 　年度　可児市キッズクラブ入室申請書

年　　月　　日

Kani City Mayor,

I will apply to use the Kids Club inside the premises of the following elementary school.

次の小学校校下のキッズクラブへ入室したいので申請します。

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| Address | Kani-shi, | | | |
| Name of the Parent/ Guardian Applicant  申請者氏名 |  | House Telephone number |  |  |
| Father’s Contact Number  父携帯 |  | Mother’s Contact Number  母携帯 |  | |
| Other Contact no. 1  緊急連絡先① | Name:　　　　　　　　　　　 Relationship:　　　　　 Tel:　　　　　　　　　　 (house・work・mobile) | | | |
| Other Contact no. 2  緊急連絡先② | Name:　　　　　　　　　　　 Relationship:　　　　　 Tel:　　　　　　　　　　 (house・work・mobile) | | | |
| Other Contact no. 3  緊急連絡先③ | Name:　　　　　　　　　　　 Relationship:　　　　　 Tel:　　　　　　　　　　 (house・work・mobile) | | | |

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| Furigana ふ　り　が　な | | | Date of Birth  生年月日 | Gender  性別 | Name of the Elementary School  小学校名 | Grade Level  学年 |
| Name of the Child Applicant | | |
|  | | | Y　　 M　　 D | M・F | Elementary School | Grade: |
|  | | |
| Application Reason  入室申請の理由 | □　Because parents and others are working in a daytime. (保護者等が昼間働いているため)  □　Because parents and others are sick/ill. (保護者等が病気のため)  □　Other reason. その他 (　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 ) | | | | | |
| Classification  (Choose and check ✔ your option)  入室期間等 | □ | Whole Year (weekdays)  通年（平日のみ） | From:  \_\_\_\_\_\_Y \_\_\_\_\_\_ M \_\_\_\_\_\_ D until　\_\_\_\_\_\_Y \_\_\_\_\_\_\_M \_\_\_\_\_\_ D  (this include Summer, Winter, and Spring vacations ) | | | |
| □ | Whole (weekdays & Saturday) 通年（平日及び土曜日） |
| □ | During Long Vacations only  長期休暇期間のみの入室 | ※Please circle (○) to which vacation period you need the Kids Club.  Spring (April)　・　Summer 　 ・ 　Winter 　・　Spring (March) | | | |
| Child’s Health Condition  健 康 状 態 | 1. Receiving regular outpatient treatment/using a Developmental Support Facility　 (　No　　・　　Yes　 )   If “Yes”　Diagnosis: ( 　　　　　　　 )　Name of the Hospital, Facility: ( 　　　　　　　　　　　 )  Symptoms, Condition: ( 　　　　　　　　　　　　　　　　　　 )   1. Food Allergy　　(　No　　・　　Yes )   If “Yes” What kind of foods: ( 　　　　　　　　　　　　　　　　　　　　　　　　 　 )  　　Carrying of medicine: ( No　・ Yes )　　Using an Epipen Injector: ( No ・ Yes )  　　　　Symptoms:　　( 　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 　 )   1. Other matters that Kids Club staffs should be informed of:   (　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 　　　 ) | | | | | |

Continue at the back.

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| Name of all family members and others living together in one address except the child applicant | Furigana  Name | | Relationship続柄 | Date of Birth  生年月日 | Company/School Name & Contact no. 勤務先等名称・電話番号 | | Working Hours (general time)  就労時間（主な勤務時間） | |
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| Early Morning Childcare  ( 7:30 AM ～ 7:59 AM ) | | Will use ・ Will not use | | | Extended Childcare  ( 6:01 PM ～ 6:30 PM ) | | Will use ・ Will not use | |
| ① Travel hrs. from work place to the Kids Club (do not include stop by time for ②)  ①職場からクラブまでの時間  （②の時間を含まず） | | Father  父 | Min. | Mother  母 | Min. | ② Travel hrs. & place to stop by before pick-up  ②経由地等考慮する時間 | Min. | Kindergarten, Nursery, others  (　　　　　　 ) |
| Time to use in the morning (during long vacation period) | | :　　　 AM | | How long does it take for the child to walk from school to home?  児童が帰宅に要する時間 | | | around　　　　　　　minutes | |
| Pick-up Time | | :　　　 PM | |
| ※ For foreign nationals only :  Nationality: (　　　　　　　　　　　 ), Mother tongue/primary language: ( 　　　　　　 　　　　　 )  Language option for the letters and guidelines : 　(　□ Japanese　□ Portuguese　　□ English　　□ Tagalog　)   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Japanese Condition | Child Applicant | Father | Mother | Others (　　　　 ) | | Can you speak Japanese? |  |  |  |  | | | | | | | | | |
| **I will confirm and agree to the following matters for the application of the Kids Club :**  □ That, the Childcare Division will obtain information such as the health condition and lifestyle of the child from the Nursery, Kindergarten, Child Development Center-Crayon, and Child-rearing Support Division for the Kids Club application screening.  □ That, the Childcare Division, Child-rearing Support Division, and elementary school will be exchanging child’s health condition and lifestyle information to give an appropriate childcare to the child.  □ That, related institutions will be exchanging information related to family situation (reason for necessity of childcare) of the child.  □ That, investigation of the working conditions, situations of schooling and diseases of parents, grandmother and father, and other family members in the same address will be conducted to confirm the requirements for the Kids Club usage.  □ That, admission procedure to Kani City Elementary School should be done before using the Kids Club.  □ That, the application may be revoked if there are falsification statement on submitted documents.  □ That, I will inform the Childcare Division immediately if there are changes in the application items.   |  |  | | --- | --- | | Name of the Parent Agreed |  |   □ That, a child’s picture taken during Kids Club activities may be posted in the Kani City Website, public newsletter, Kids Club letter, SNS, or posted inside the Kids Club with the child’s name as well. Submit a statement letter if disagree with it for some special reasons. | | | | | | | | |

事務処理欄（下欄は記入しないでください）

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| リスト | クラブFAX | 学校連絡 | 写真 | システム | 総括表 | 早朝 | 延長 |
|  |  |  | 可・否 |  |  | 可・否 | 可・否 |