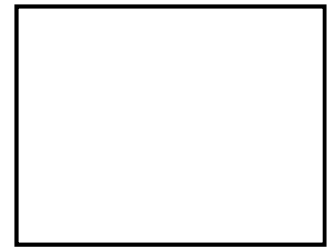


FY _____ KIDS CLUB APPLICATION FORM
_____年度 可児市キッズクラブ入室申請書



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。

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)

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	<input type="checkbox"/> Because parents and others are working in a daytime. (保護者等が昼間働いているため) <input type="checkbox"/> Because parents and others are sick/ill. (保護者等が病気のため) <input type="checkbox"/> Other reason. その他 ()			
Classification (Choose and check ✓ your option) 入室期間等	<input type="checkbox"/> Whole Year (weekdays) 通年 (平日のみ) <input type="checkbox"/> Whole (weekdays & Saturday) 通年 (平日及び土曜日) <input type="checkbox"/> During Long Vacations only 長期休暇期間のみの入室 From: _____ Y _____ M _____ D until _____ Y _____ M _____ D (this include Summer, Winter, and Spring vacations) ※Please circle (o) 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: () ② Food Allergy (No • Yes) If "Yes" What kind of foods: () Carrying of medicine: (No • Yes) Using an EpiPen Injector: (No • Yes) Symptoms: () ③ Other matters that Kids Club staffs should be informed of: ()			

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 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?		around	minutes										
Pick-up Time	: PM	児童が帰宅に要する時間													
※ For foreign nationals only : Nationality: (), Mother tongue/primary language: () Language option for the letters and guidelines : (<input type="checkbox"/> Japanese <input type="checkbox"/> Portuguese <input type="checkbox"/> English <input type="checkbox"/> Tagalog)															
<table border="1"> <thead> <tr> <th>Japanese Condition</th> <th>Child Applicant</th> <th>Father</th> <th>Mother</th> <th>Others ()</th> </tr> </thead> <tbody> <tr> <td>Can you speak Japanese?</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Japanese Condition	Child Applicant	Father	Mother	Others ()	Can you speak Japanese?				
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 : <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> That, related institutions will be exchanging information related to family situation (reason for necessity of childcare) of the child. <input type="checkbox"/> 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. <input type="checkbox"/> That, admission procedure to Kani City Elementary School should be done before using the Kids Club. <input type="checkbox"/> That, the application may be revoked if there are falsification statement on submitted documents. <input type="checkbox"/> That, I will inform the Childcare Division immediately if there are changes in the application items. <input type="checkbox"/> 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.															
				Name of the Parent Agreed											

事務処理欄 (下欄は記入しないでください)

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