**＊Please write accurately with a ballpoint pen. (Erasable pens are not permitted.)**

**＊If you correct the information you have entered, please draw a double line over the part that need correction and affix your seal on it, do not use correction fluid.**

Fill in the application date.

**〔 Form No. 1 〕** Application Date Year:　　Month:　　Day:

**Application for After School Childcare for 2023　(New/Continuing)**

Social Welfare Corporation

Circle "New" if you are a new user, or "Continuing" if you have used the service before.

To: President, Echizen City Council of Social Welfare

**( ) I would like to apply to use the school childcare service.**

|  |  |  |
| --- | --- | --- |
| Applicant | Address | 〒　　　-　　　　 |
| Furigana | 　　　　　　　　　　　　　　　　　　　　　  |
| Name | ㊞ |
| Phone No. |  |
| Emergency Contacts | Ex.) 090-1234-5678 (father’s cell phone) **Contact information where you can be reached** （ ） （ ） （ ） |
| Child | Furigana |  |
| Name |  |
| Birthdate | 　　　　　　　Year　　　Month　　　Day (　　　years old)Indicate the dates from start to end of use. If you are using the facility during a long vacation, circle the appropriate period.  |
| School Name | 　　　　　　 School　　 　　Year　　　　Class  |
| Kindergarten |  |
| Period | from: \_\_\_\_\_\_Year \_\_\_\_\_\_Month \_\_\_\_\_\_Day to: \_\_\_\_\_\_Year \_\_\_\_\_\_Month \_\_\_\_\_\_Day / Vacation (Spring/Summer/Winter) |
| ＊Please circle all desired categories of use |
| Usage | MonthlyMonthly users: circle either Mon-Fri or Mon-Sat | Mon-Fri use(7,000 yen/mo） |  | Extended useFor extended use, circle either monthly or temporary | (7:30 ～ 8:00) |  | Temporary |
| Mon-Sat use(8,500 yen/mo) |  | (18:00 ～ 18:30) | Monthly | Temporary |
| (18:00 ～ 19:00) | Monthly | Temporary |
| Temporary＊under 10 days per month | Weekdays (after school until 18:00)Use: (M・T・W・Th・F・irregular)(450 yen/use) |  | Extended use | (7:30 ～ 8:00) |  |
| Vacations/Substitute holidaysTemporary users (10 days or less)Vacation (spring, summer, winter vacation)Saturday users\* Circle the appropriate choice(600 yen/use） |  | (18:00 ～ 18:30)Weekday users(Mon, Tues, Wed, Thurs, Fri, irregular) Circle the appropriate choice. |  |
| Saturdays(600 yen/use） |  | (18:00 ～ 19:00) |  |
| AugustFor use in AugustCircle either the whole month, or temporary usage (under 10 days)Do not circle if you do not plan to use in August. | Mon-Fri 10,500 yen/moMon-Sat 12,000 yen/mo | Monthly | Extended use | (7:30 ～ 8:00) | Monthly | Temporary |
| Mon-Fri but not every day＊under 10 days/mo (600 yen/use） | Temporary | (18:00 ～ 18:30) | Monthly | Temporary |
| (18:00 ～ 19:00) | Monthly | Temporary |

＊In accordance with the Personal Information Protection Law, this application form and submitted documents will be strictly managed and will not be used for any purpose other than that for which it was submitted.

Feel in the appropriate number from the selection of reasons below.

**〔 Family Information 〕** ＊Fill in the family situation excluding the child.

**Reverse**

**\*** **Fill in the grandparents' information in the "Grandparents" section. Also include the names of siblings.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Relationship |  Birthdate | Age |  Workplace(school’s name & grade) | Work Phone |  Work Hours | Days off | **Reasons why school-age child needs care** |
|  | Father |  . . |  |  |  |  to  |  | １(１) |
|  | Mother |  . . |  |  |  |  to  |  | １(２) |
|  |  | . . |  |  |  |  to  |  |  |
|  |  | . . |  |  |  |  to  |  |  |
|  |  | . .Fill in all relatives (for grandparents use the column below) living with the child. Be sure to fill in this form even if one of the parents does not live with the child.Enter the full age as of April 1, 2023. |  |  |  |  to  |  | Fill this in regardless of whether they live together or not. |
|  |  |  |  |  |  |  |  | Fill in all relatives (for grandparents use the column below) living with the child. Be sure to fill in this form even if one of the parents does not live with the child.Enter the full age as of April 1, 2020. |

 **【 Grandparents’ Information 】**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Relationship |  | Name | Age | Daytime Information | Living Together? | Separate Address?\* Fill in the whole address if in Echizen City. |
| Father’s side | Grandfather | （☎　　　　　　） |  | If employed ⇒ place of employment( ) agriculture / illness / nursing care / other ( ) |  |  |
| Grandmother | （☎　　　　　　） |  | If employed ⇒ place of employment( ) agriculture / illness / nursing care / other ( ) |  |  |
| Mother’s side  | Grandfather | （☎　　　　　　） |  | If employed ⇒ place of employment( ) agriculture / illness / nursing care / other ( ) |  |  |
| Grandmother | （☎　　　　　　） |  | If employed ⇒ place of employment( ) agriculture / illness / nursing care / other ( ) |  |  |

 **【 Fill in any person(s) other than the above family members who will be picking up the child】**

|  |  |  |  |
| --- | --- | --- | --- |
| (Relationship) Name | （ ）  | (Relationship) Name | （ ） |
| 　☎ | 　☎ |

 **【** **Reasons why school-age child needs care 】**

|  |
| --- |
|  **Parent/Guardian Status** |
|  **１** | 1. Full time employment
 |
| 1. Part-time, temporary, etc.
 |
|  **２** | 1. At home but engaged in work other than housework
 |
| 1. Engaged in domestic work at home
 |
|  **３** | Prenatal/Postpartum |
|  **４** | 1. Hospitalized (or scheduled to be hospitalized)
 |
| 1. Under constant medical care at home due to illness, etc.
 |
| 1. Mentally or physically handicapped
 |
|  **５**  | 1. Accompanying a patient to the hospital, etc.
 |
| 1. Constant nursing and care at home, etc.
 |
|  **６** |  Unable to care for the child due to damage to home caused by a disaster or other disaster recovery efforts |
|  **７** |  Unable to care for the child due to preparation for school, employment, etc. |
|  **８** | Single-parent households or households without parents |

 **【** **Children’s Center 】**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Criteria |  | Adjustment Index |  | **Plan** |  |  **Accepted ・ Denied** |

|  |  |
| --- | --- |
| **１.** **What is your normal temperature?** | **degrees** |
| **２. Do you have a medical or disease history?** | **Yes・No** |
| **Illness ( 　　　 )** |
| **３．Are you taking any medications on a regular basis?** | **Yes・No** |
| **Medicine ( 　　　　　　　　　　　　　　　　　　　　　 )** |
| **４．Do you have allergies?** | **Yes・No** |
| **Allergy (　　　　　　　　　　　　　　　　　　　)** |
| **５. Do you have any disabilities?** | **Yes・No** |
| **Disability (　　　 　　　　　　　　　　　　　　　　)** |
| **６.** **Are you enrolled (or planning to enroll) in a support class?** | **Yes・No** |
| **７. Do you have there any special health considerations for participating in a children's club?** | **Yes・No** |
| **If yes, please specify:** |
| **８.** **Do you have a designated hospital in case of an emergency?** | **Yes・No** |
| **Hospital (　　　　　　　　　　　　　　　　　　)****＊If not specified, we will take them to the nearest hospital.** |
| **９. Are you attending any cram school, sports classes, etc.? (Indicate days of the week, hours, etc.)** |  |
| **１０.** **Can we put your child’s picture in the children's center's newsletters/flyers, etc.?** | **Yes・No** |
| **１１. Can we show your child on social networks?** | **Yes・No** |
| **１２. Please share any concerns you have about friendships or life at the Children's Center.****Eg.) Worries about Japanese-style toilets; Worries about making friends since you are coming from outside the district; How will you notify us if your child is absent?　etc.** |

**School Year　　　　　　　　　　　　Name**

Draw a map of the area around your home.

|  |
| --- |
| Map of the area around your home |
|  |

**Reverse**