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

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

Social Welfare Corporation

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) |
| 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 | Monthly | Mon-Fri use(7,000 yen/mo） |  | Extended use | (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 holidays(600 yen/use） |  | (18:00 ～ 18:30) |  |
| Saturdays(600 yen/use） |  | (18:00 ～ 19:00) |  |
| 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.

**〔 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  |  |  |
|  | Mother |  . . |  |  |  |  to  |  |  |
|  |  | . . |  |  |  |  to  |  |  |
|  |  | . . |  |  |  |  to  |  |  |
|  |  | . . |  |  |  |  to  |  |  |
|  |  | . . |  |  |  |  to  |  |  |

 **【 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**

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

**Reverse**