

### Application for After School Childcare for 2025 (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)		<b>Contact information where you can be reached</b>			
		☐	(		)		
		☐	(		)		
		☐	(		)		
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)						
<b>* Please circle all desired categories of use</b>							
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/mo Mon-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	( ) ☎
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**[ Reasons why school-age child needs care ]**

Parent/Guardian Status	
1	( 1 ) Full time employment
	( 2 ) Part-time, temporary, etc.
2	( 1 ) At home but engaged in work other than housework
	( 2 ) Engaged in domestic work at home
3	Prenatal/Postpartum
4	( 1 ) Hospitalized (or scheduled to be hospitalized)
	( 2 ) Under constant medical care at home due to illness, etc.
	( 3 ) Mentally or physically handicapped
5	( 1 ) Accompanying a patient to the hospital, etc.
	( 2 ) 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
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School Year \_\_\_\_\_

Name \_\_\_\_\_

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.)	
1 0 . Can we put your child's picture in the children's center's newsletters/flyers, etc.?	Yes ▪ No
1 1 . Can we show your child on social networks?	Yes ▪ No
1 2 . 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.	

Map of the area around your home

