＊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 2027 (New/Continuing)

Social Welfare Corporation
To: President, Echizen City Council of Social Welfare

( ) I would like to apply to use the school childcare serv

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

Applicant	Address	〒 -
	Furigana	
	Name	
	Phone No.	
	Emergency Contacts	Ex.) 090-1234-5678 (father's cell phone) **Contact information where you can be reached** ① ( ) ② ( ) ③ ( )
Child	Furigana	
	Name	
	Birthdate	Year Month
	School Name	School
	Kindergarten	
Period	from: _____Year _____Month _____Day to: _____Year _____Month _____Day / Vacation (Spring/Summer/Winter)	

Indicate the dates from start to end of use. If you are using the facility during a long vacation, circle the appropriate period.

＊Please circle all desired categories of use

	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		Temporary
Temporary ＊up to 10days per month (except Sunday)	Weekdays (after school until 18:00) Use: (M・T・W・Th・F・irregular) (450 yen/			8:00)		
	Vacat		Extended			
	use)					
	use)					
	Mon-Fri 10,500 yen/mo	Monthly	Extended use	(7:30 ～ 8:00)	Monthly	Temporary
	Mon-Sat 12,000 yen/mo	Monthly		(18:00 ～ 18:30)	Monthly	Temporary
	Mo not every day /mo (600	Temporary		(18:00 ～ 19:00)	Monthly	Temporary

Monthly users: circle either Mon-Fri or Mon-Sat

For extended use, circle either monthly or temporary

Temporary users (10 days or less)
Vacation (spring, summer, winter vacation)
Saturday users
* Circle the appropriate choice

Weekday users
(Mon, Tues, Wed, Thurs, Fri, irregular)
Circle the appropriate choice.

For use in August
Circle either the whole month, or temporary usage (under 10 days)
Do not circle if you do not plan to use in August.

ation 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 exc

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

*** Fill in the grandparents' information in the "Grandparents" section. Also include the nam 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		
						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.

Fill this in regardless of whether they live together or not.

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
	（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**

School Year _____ **Name** _____

１. What is your child's normal temperature? (in Celsius °C mperature)	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 face picture in the children's center's website, newsletters/flyers, etc.?	Yes・No
１１. Can we show your child on Television News or Programs? (For example : こしの都 TV/Koshino Miyako TV)	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.	

Reverse

Map of the area around your home

Draw a map of the area around your home.