

FY2027 Application form for after school care

受付番号	受付日	審査	入会日	名簿番号
	/		/	

I hereby apply for "After-school care club."

Child	Furigana	ひがしおさか じろう		School name	XXXXXXX	
	Name	Higashiosaka Jiro	Grade	1	Grade (as of April 2027)	
			Date of birth	2020 (yy) 7 (mm) 8 (dd)		
			Sex	(M) / F		
	Address	〒 577 - 8521 Higashiosaka-shi Aramotokita x-x-x-x				
	Child's health and development condition	☐ No specific issue				
☒ Has allergy The child is allergic to shrimps and wheat flour, so we request the snacks to be prepared.						
☐ is qualified for Physical Disability Certificate (Please attach a copy of the certificate)						
☒ is qualified for Rehabilitation Certificate (Please attach a copy of the certificate)						
☐ is qualified for Mental Disability Certificate (Please attach a copy of the certificate)						
☐ is attending to a class for special need children ☒ is scheduled to attend to a class for special need children						
Please describe below things to be considered when providing support or to be aware of in group life, and any concerns you have. It is difficult for my child to communicate with other children and is not good at group activities.						
Please describe any specific attention or consideration necessary						
days that require service	Use of service on weekdays	☒ Mon ☒ Tue ☒ Wed ☒ Thu ☒ Fri		Please circle the main days you use the		
	Extended hour	☒ Mon ☐ Tue ☒ Wed ☐ Thu ☒ Fri		In case of extended hour (17:00~18:30), child must be picked up by a guardian.		
	Use of service on Sat.	☒ Yes, I will apply ☐ No, I don't		Additional fee for service on Sat.		
Person who picks up the child in case of using the service after						

Family members who are living with the child	Name	Relationship to the child	Date of birth	Place of work, school (grade)	
	Higashiosaka Ichiro	Father	1985.11.14	XXX Co., Ltd.	☐
	Higashiosaka Hanako	Mother	1987.10.13	XXX Co., Ltd.	☒
	Higashiosaka Mitsuo	Brother	2014.10.21	6th grader of XXXX elementary school	☐
	Higashiosaka Yasuko	Grandmother	1962.12.11		☐
	Higashiosaka Chojiro	Grandfather	1952.12.25		☐
Describe all the family members other than the child who applies for the club. (in this case, other than "Higashiosaka Jiro")					☐

Contact in case of emergency	Name	Relationship to the child	Contact (Mobile, home or work place, etc.)	Priorities	Remarks
	Higashiosaka Hanako	Mother	080-5225-XXXX	1	Describe the name in order of priority in case of emergency. Fill in the mobile phone number.
			06-4309-XXXX	3	
	Higashiosaka Ichiro	Father	090-5988-XXXX	2	XXX Co., Ltd.
			06-4100-XXXX	4	
	Higashiosaka Kuriko	Aunt	050-2395-XXXX	5	Address: X-X-X Higashi-ishikiri-cho
072-965-XXXX			6		

*Please fill out or circle applicable items. (Check in the applicable box.)

(See reverse side)

Person who is living with the child	Reason	Description	No. of documents in the chart below
Please provide information for all guardians and all household members (including grandparents, etc.) who are 18 years of age or older.	☒ Work inside and outside the home ☐ Illness	☒ Full time ☐ By contract ☐ Part time ☐ Self-employed ☐ Work at home ☐ Currently hospitalized ☐ Visits doctor ___ times per week	1
		☐ Physical/Mental disability: ___ grade Rehabilitation disability: Level A / B1 / B2	2
		☐ Level of care needed: ___ Level of help needed: ___ ☐ Receives care at home ☐ Day care	3
		☐ Inpatient/ Outpatient ___ times per week ☐ Medical care at home	4
		Reason ()	5
Higashiosaka Hanako Relationship ☐ Father ☒ Mother ☐ Grandfather ☐ Grandmother ☐ Others ()	☒ Work inside and outside the home ☐ Illness ☐ Disability, etc.	☐ Full time ☐ By contract ☒ Part time ☐ Self-employed ☐ Work at home ☐ Currently hospitalized ☐ Visits doctor ___ times per week ☐ Physical/Mental disability: ___ grade Rehabilitation disability: Level A / B1 / B2	1
		☐ Level of care needed: ___ Level of help needed: ___ ☐ Receives care at home ☐ Day care	2
		☐ Inpatient/ Outpatient ___ times per week ☐ Medical care at home	3
		☐ Caring or nursing ☐ Others	4
		Reason ()	5
Higashiosaka Yasuko Relationship ☐ Father ☐ Mother ☐ Grandfather ☒ Grandmother ☐ Others ()	☐ Work inside and outside the home ☐ Illness ☐ Disability, etc.	☐ Full time ☐ By contract ☐ Part time ☐ Self-employed ☐ Work at home ☐ Currently hospitalized ☐ Visits doctor ___ times per week ☐ Physical/Mental disability: ___ grade Rehabilitation disability: Level A / B1 / B2	1
		☐ Level of care needed: ___ Level of help needed: ___ ☐ Receives care at home ☐ Day care	2
		☒ Caring or nursing ☒ Inpatient/ Outpatient (5 times per week) ☐ Medical care at home	3
		☐ Others	4
		Reason ()	5
Relationship ☐ Father ☐ Mother ☐ Grandfather ☐ Grandmother ☐ Others ()	☐ Work inside and outside the home ☐ Illness ☐ Disability, etc.	☐ Full time ☐ By contract ☐ Part time ☐ Self-employed ☐ Work at home ☐ Currently hospitalized ☐ Visits doctor ___ times per week ☐ Physical/Mental disability: ___ grade Rehabilitation disability: Level A / B1 / B2	1
		☐ Level of care needed: ___ Level of help needed: ___ ☐ Receives care at home ☐ Day care	2
		☐ Inpatient/ Outpatient ___ times per week ☐ Medical care at home	3
		☐ Caring or nursing ☐ Others	4
		Reason ()	5

Required documents			
1	Work inside and outside the home	Job certificate	• Designated form written by the employer
2	Illness	Medical certificate or hospitalization certificate	• Documents proving that it is difficult to protect the child after school adequately
3	Disability, etc	Photocopy of physical disability certificate or medical certificate	• Photocopy of the page on which the name and grade of physical disability grade are written
4	Caring/Nursing	Medical certificate or insured certificate of nursing care insurance of those who need care	• Documents proving that it is difficult to protect the child after school adequately
5	Others	Documents proving that it is difficult to protect the child after school adequately	• In case of child delivery, a photocopy of maternal & child health handbook, etc. • in case of study, student registration certificate or proof of study hours such as curriculum

Agreement
◆ The admission to this club may be cancelled if the information provided in the application form and submitted documents is untrue. ◆ The information on the application form and submitted documents may be shared with the school in which the child are enrolled, the Higashiosaka City Board of Education, etc., in order to help support the program. ◆ For children enrolled in special-need classes or schools, we will confirm the support provided at the schools to support the children at the club. ◆ Children who need medical care on a daily basis may not be able to join this club. ◆ When a child will stay after 17:00, the guardian must pick up the child before 18:30. ◆ The fee must be paid by the due date. In case of payment delay for more than 2 months, the membership may be cancelled. ◆ If a child or guardian doesn't follow instructions required by the administration, the membership may be cancelled.
I have read the contents and apply for after school care upon agreement. Reiwa (yy) (mm) (dd)
Please write the guardian's name and put a seal or sign upon Guardian's name _____ Seal *If signed, no seal is required.