

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				School name			
	Name				Grade	_____ grade (as of April 2027)		
					Date of birth	(yy)	(mm)	(dd)
					Sex	M/F		
	Address	〒 _____ Higashiosaka-shi						
	Child's health and development condition	☐ No specific issues						
		☐ Has allergy Allergic to;						
☐ is qualified for Physical Disability Certificate (Please attach a copy of the certificate) 【 Grade 1 ・ Grade 2 ・ Grade 3 ・ Grade () 】								
☐ is qualified for Rehabilitation Certificate (Please attach a copy of the certificate) 【 Grade A ・ Grade B1 ・ Grade B2 】								
☐ is qualified for Mental Disability Certificate (Please attach a copy of the certificate) 【 Grade 1 ・ Grade 2 ・ Grade 3 ・ Grade () 】								
☐ is attending to a class for special need children ☐ is scheduled to attend to a class for special need children								
Please indicate any concerns you have, such as matters that require consideration in terms of support, or matters that require attention in terms of group living.								
days that require service	Use of service on weekdays	☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri						
	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 of 1,000 yen/month required for use of service on Saturday.			

Family members who are living with the child	Name	Relationship to the child	Date of birth	Place of work, school (grade)	
					☐
					☐
					☐
					☐
					☐
					☐

Person who mainly picks up the child in case of using the

Priorities

Contact in case of emergency	Name	Relationship to the child	Contact (Mobile, home or work place, etc.)		Remarks

Applicable reasons for guardians living together	Person who is living with the child	Ground for application	Description	No. of documents in the chart below
		Name	☐ Work inside and outside the home	☐ Full time ☐ By contract ☐ Part time ☐ Self-employed ☐ Work at home
☐ Illness			☐ Currently hospitalized ☐ Visits doctor ___ times per week	2
☐ Disability, etc.			☐ Physical/Mental disability: ___ grade Rehabilitation disability: Level A / B1 / B2	3
Relationship ☐ Father ☐ Mother ☐ Grandfather ☐ Grandmother ☐ Others ()		☐ Caring or nursing	☐ Level of care needed: ___ Level of help needed: ___ ☐ Receives care at home ☐ Day care ☐ Inpatient/ Outpatient ___ times per week ☐ Medical care at home	4
		☐ Others	Reason ()	5
Name		☐ Work inside and outside the home	☐ Full time ☐ By contract ☐ Part time ☐ Self-employed ☐ Work at home	1
		☐ Illness	☐ Currently hospitalized ☐ Visits doctor ___ times per week	2
		☐ Disability, etc.	☐ Physical/Mental disability: ___ grade Rehabilitation disability: Level A / B1 / B2	3
Relationship ☐ Father ☐ Mother ☐ Grandfather ☐ Grandmother ☐ Others ()		☐ Caring or nursing	☐ Level of care needed: ___ Level of help needed: ___ ☐ Receives care at home ☐ Day care ☐ Inpatient/ Outpatient ___ times per week ☐ Medical care at home	4
		☐ Others	Reason ()	5
Name		☐ Work inside and outside the home	☐ Full time ☐ By contract ☐ Part time ☐ Self-employed ☐ Work at home	1
		☐ Illness	☐ Currently hospitalized ☐ Visits doctor ___ times per week	2
		☐ Disability, etc.	☐ Physical/Mental disability: ___ grade Rehabilitation disability: Level A / B1 / B2	3
Relationship ☐ Father ☐ Mother ☐ Grandfather ☐ Grandmother ☐ Others ()	☐ Caring or nursing	☐ Level of care needed: ___ Level of help needed: ___ ☐ Receives care at home ☐ Day care ☐ Inpatient/ Outpatient ___ times per week ☐ Medical care at home	4	
	☐ Others	Reason ()	5	
Name	☐ Work inside and outside the home	☐ Full time ☐ By contract ☐ Part time ☐ Self-employed ☐ Work at home	1	
	☐ Illness	☐ Currently hospitalized ☐ Visits doctor ___ times per week	2	
	☐ Disability, etc.	☐ Physical/Mental disability: ___ grade Rehabilitation disability: Level A / B1 / B2	3	
Relationship ☐ Father ☐ Mother ☐ Grandfather ☐ Grandmother ☐ Others ()	☐ Caring or nursing	☐ Level of care needed: ___ Level of help needed: ___ ☐ Receives care at home ☐ Day care ☐ Inpatient/ Outpatient ___ times per week ☐ Medical care at home	4	
	☐ Others	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 provide adequate after-school care for the child
3	Disability, etc	Copy 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 provide adequate after-school care for the child
5	Others	Documents proving that it is difficult to provide adequate after-school care for the child	• 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. (yy) (mm) (dd) Guardian's name _____ Seal *If signed, no seal is required.