FY2026 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	ひがしおおさか　じろう	School name	XXXXXXX
Name	**Higashiosaka Jiro**	Grade	**1** Grade (as of April 2026)
		Date of birth	**2019** (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 prepar**
- ☐ 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
- ☐ is attending to a class for special need children ☑ is scheduled to attend to a class for special need children

Please describe the condition of the child in

Please attach a copy of the page

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 of 1,000 yen/month required for use of servic

Person who picks up the child in case of using the service after 17:00

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

Prio-rity	Name	Relationship to the child	Contact (Mobile, home or work place, etc.)	Remarks
1	**Higashiosaka Hanako**	**Mother**	**080-5225-XXXX** **06-4309-XXXX**	
2	**Higashiosaka Ichiro**	**Father**	**090-5988-XXXX** **06-4309-XXXX**	
3	**Higashiosaka Kuriko**	**Aunt**	**050-2395-XXXX** **072-965-XXXX**	**Address: Higashi-ishikiri-cho**

Describe the name in order of priority in case of emergency. Fill in the mobile phone number.

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

(See reverse side)

Applicable reasons for guardians living together

Person who is living with the child	Reason	Description	No. of documents in the chart below
Name **Higashiosaka Ichiro** Relationship ☐Father ☑Mother ☐Grandfather ☐Grandmother ☐Others ( )	☑Work	☑Full time ☐By contract ☐Part time ☐Self-employed ☐Work at home	1 in the chart
	☐Illness	☐Currently hospitalized ☐Visits doctor_	2
	☐Disability, etc.	☐Physical disability: ____ grade M	3
	☐Caring or nursing	☐Level of care needed: ___ Level of help r ☐Inpatient/ Outpatient __times per week ☐	4
	☐Others	Reason ( )	5
Name **Higashiosaka Hanako** Relationship ☐Father ☑Mother ☐Grandfather ☐Grandmother ☐Others ( )	☑Work	☐Full time ☐By contract ☑Part time ☐Self-employed ☐Work at home	1
	☐Illness	☐Currently hospitalized ☐Visits doctor__	2
	☐Disability, etc.	☐Physical disability: ____ grade Me	3
	☐Caring or nursing	☐Level of care needed: ___ Level of help ne ☐Inpatient/ Outpatient __times per week ☐	4
	☐Others	Reason ( )	5
Name **Higashiosaka Yasuko** Relationship ☐Father ☐Mother ☐Grandfather ☑Grandmother ☐Others ( )	☐Work	☐Full time ☐By contract ☐Part time ☐Self-employed ☐Work at home	1
	☐Illness	☐Currently hospitalized ☐Visits doctor___times per week	2
	☐Disability, etc.	☐Physical disability: ____ grade Mental disability: Level A / B1 / B2	3
	☑Caring or nursing	☐Level of care needed: ___ Level of help needed: ___ ☐Receives care at home ☐Day care ☑Inpatient/ Outpatient (**5** times per week) ☐Medical care at home	4
	☐Others	Reason ( )	5
Name Relationship ☐Father ☐Mother ☐Grandfather ☐Grandmother ☐Others ( )	☐Work	☐Full time ☐By contract ☐Part time ☐Self-employed ☐Work at home	1
	☐Illness	☐Currently hospitalized ☐Visits doctor___times per week	2
	☐Disability, etc.	☐Physical disability: ____ grade Mental disability: Level A / B1 / B2	3
	☐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

Please describe the conditions of all family members including grandparents living together

Person who is working must obtain job certificate filled out by the employer.

Required documents			
1	Work	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	Physical disability	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.