# 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 | | School name | |
| Name | | Grade | _____ grade (as of April 2026) |
| | | 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 service after 17:00

**Contact in case of emergency**

| Prio-rity | Name | Relationship to the child | Contact (Mobile, home or work place, etc.) | Remarks |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

*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 | Ground for application | Description | No. of documents in the chart below |
|---|---|---|---|---|
| | Name | ☐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 |
| | Relationship<br>☐Father ☐Mother<br>☐Grandfather ☐Grandmother<br>☐Others ( ) | ☐Caring or nursing | ☐Level of care needed: ___ Level of help needed: ___ ☐Receives care at home ☐Day car | 4 |
| | | | ☐Inpatient/ Outpatient __times per week ☐Medical care at home | |
| | | ☐Others | Reason ( ) | 5 |
| | Name | ☐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/Mental disability: ____ grade Rehabilitation disability: Level A / B1 / B2 | 3 |
| | Relationship<br>☐Father ☐Mother<br>☐Grandfather ☐Grandmother<br>☐Others ( ) | ☐Caring or nursing | ☐Level of care needed: ___ Level of help needed: ___ ☐Receives care at home ☐Day car | 4 |
| | | | ☐Inpatient/ Outpatient __times per week ☐Medical care at home | |
| | | ☐Others | Reason ( ) | 5 |
| | Name | ☐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 |
| | Relationship<br>☐Father ☐Mother<br>☐Grandfather ☐Grandmother<br>☐Others ( ) | ☐Caring or nursing | ☐Level of care needed: ___ Level of help needed: ___ ☐Receives care at home ☐Day car | 4 |
| | | | ☐Inpatient/ Outpatient __times per week ☐Medical care at home | |
| | | ☐Others | Reason ( ) | 5 |
| | Name | ☐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 |
| | Relationship<br>☐Father ☐Mother<br>☐Grandfather ☐Grandmother<br>☐Others ( ) | ☐Caring or nursing | ☐Level of care needed: ___ Level of help needed: ___ ☐Receives care at home ☐Day car | 4 |
| | | | ☐Inpatient/ Outpatient __times per week ☐Medical care at home | |
| | | ☐Others | Reason ( ) | 5 |

| 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 provide adequate after-school care for the child |
| 3 | Physical disability | 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.<br>・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.