

児童クラブ入所申込書

Application Form for Jido Club

Example (英語)

Write the date of application. ○○年 ○○月 ○○日

豊川市長 殿 To Mayor of Toyokawa

住所 Address 〒442-8601 豊川市 Suwa 1 chome 1 banchi

Write the contact number which can be reached during the day.

ふりがな Furigana トヨカワ タロウ

保護者氏名 Name of the guardian **Toyokawa Taro**

Write principally father's name if there are both parents.

House Phone **0533-89-2133**

Mobile Phone **090-0000-1111**

父 Father ・ 母 Mother ・ その他 Others ()

児童クラブの入所について次のとおり申し込みます。 I apply for Jido Club with the following information.

ふりがな Furigana

入所児童氏名 Name of the child **Toyokawa Kotaro**

Write the grade of new school year. 小学校 ○ 年

男 M ・ 女 F

○○年 ○月 ○日生 Date of birth: year/month/day

○○ 児童クラブ Jido Club

利用希望日数 (月~金) Days of use (Monday - Friday) 週 ○ 日 days/week

入所の経験 Enrollment in Jido Club in the past 有 Yes 無 No

入所児童と同一敷地に居住している世帯員氏名 (本人除く) Family member's name in the household (except the child)

入所児童との続柄 Relation

年齢 Age

生年月日 Date of birth

職業・学校名等 Occupation/Name of school

備考

Write the age at the point of application.

Write occupation, school / nursery school with new school grade.

Toyokawa Taro	父 Father	○○	SO. O. O	Kaishain (employee)	
Toyokawa Hanako	母 Mother	○○	SO. O. O	Kaishain (employee)	
Toyokawa Kohana	Sister	○○	HO. O. O	Hoikuen Nencho (nursery school eldest class)	
Toyokawa Jiro	Grand father	○○		Mushoku (no job)	Physically Disabled Person's Handbook Level 1

In case of person aged younger than 70 without occupation, write the state of the person in detail.

Application is necessary in respective school year.

入所を希望する理由 (該当するすべてをチェックしてください) Reason for entry (Check all that meets.)

入所児童と同一敷地に居住している父・母・70歳未満の祖父母が居る (Living on same premises as the child's father, mother, or grandparent under 70 years old)

*Pick-up should be done principally by 6:00 pm. Person who needs to use extended hour until 7:00 pm due to work etc., is requested to fill out bold-faced frame. (In case of applying for extended hour, additional monthly charge of 1,000 yen per child is required to the fixed Jido Club fee.)

入所を希望する期間 Period of entry **2024年7月22日から2024年8月30日まで**

From year month day to year month day

生活保護適用の有無 Livelihood Protection (on welfare) (Seikatsu Hogo) 無 No 有 () 年 月 日開始 Receiving (from year month day)

母子・父子家庭等手当の認定の有無 Certified to be a recipient of allowance for single parent household 無 No 有 () 年 月 日開始 Yes (from year month day)

お迎えの状況 (該当するすべてに○を記入してください。) Pick-up situation (Circle all that meets.)

父 Father 母 Mother 祖父 Grandfather 祖母 Grandmother その他 Others (Aunt・family support)

延長利用の有無 Application for extended hour

延長利用の申込み Application for extended hour 申込 Apply 申込まない Not apply ※ 延長利用が必要な方のみ、下の太枠内を埋めてください。 *Only the person who needs extended hour is requested to fill the frame below.

延長利用を必要とする理由 Reason for the necessity of extended hour

残業時間が、午後 () 時 () 分までであるため。 Overtime work: Until (): () pm

基本的な就労時間が、午後 () 時 () 分までのため。 Principal working hour: Until (): () pm

勤務地が遠方で、通勤を含めると午後 (6) 時 (20) 分にお迎えとなるため。 Due to distant work place, pick up will be at (): () pm including commuting time.

その他 Others (Mother is sick and father does pick-up. His arrival is after 6:00 pm.)

延長利用を必要とする期間 Period which needs extended hour **2024年7月22日から2024年8月30日まで**

From year month day to year month day

主にお迎えを行う保護者の通勤方法と職場等から児童クラブまでの所要時間 Commuting way of the person who principally does pick-up and required time to come to Jido Club from work etc.

主にお迎えを行う Person who principally does pick-up is (父 father 母 Mother 祖父 Grandfather 祖母 Grandmother その他 Others ()) の通勤手段は and the commuting way is (自動車 Car 自転車 Bicycle 徒歩 Walking) で、and required time is 0 時間 hour 30 分 minutes.

祖父母の状況 Situation of grandparent

	父方 father's side	母方 mother's side
祖父 Grandfather	<input checked="" type="checkbox"/> 同居 (二世帯住宅を含む)、同一敷地内 Living together (Including two-family house), On the same site <input type="checkbox"/> 別居 → 住所 () Living separately (Address:) <input type="checkbox"/> 死別 Deceased	<input type="checkbox"/> 同居 (二世帯住宅を含む)、同一敷地内 Living together (Including two-family house), On the same site <input checked="" type="checkbox"/> 別居 → 住所 (Toyokawa-shi mito-cho nishigata higurashi 30) Living separately (Address:) <input type="checkbox"/> 死別 Deceased
祖母 Grandmother	<input type="checkbox"/> 同居 (二世帯住宅を含む)、同一敷地内 Living together (Including two-family house), On the same site <input type="checkbox"/> 別居 → 住所 () Living separately (Address:) <input checked="" type="checkbox"/> 死別 Deceased	<input type="checkbox"/> 同居 (二世帯住宅を含む)、同一敷地内 Living together (Including two-family house), On the same site <input checked="" type="checkbox"/> 別居 → 住所 (Dojo (same as the above-mentioned)) Living separately (Address:) <input type="checkbox"/> 死別 Deceased

In case of separate living, write the address regardless of outside of prefecture/city.

入所児童と同一敷地内に居住している保護者 (父・母・70歳未満の祖父母) の状況

State of guardians living on the same site of the child's house (father/mother/grandparent younger than 70 years old)

父の勤務先 Workplace of father	事業所名 Company	Toyokawa Kogyo	母の勤務先 Workplace of mother	事業所名 Company	Toyokawa Shoji
	勤務時間 Working hour	From 8時:30分 am ~ 5時:15分 pm		勤務時間 Working hour	From 9時:00分 am ~ 5時:30分 pm
	土・日を除く 勤務日数 Working days except weekend	週に 5日 または 1ヶ月 日 day(s)/week or day(s)/month		土・日を除く 勤務日数 Working days except weekend	週に 日 または 1ヶ月 16日 day(s)/week or day(s)/month
祖父の勤務先 Workplace of grandfather	事業所名 Company		祖母の勤務先 Workplace of grandmother	事業所名 Company	
	勤務時間 Working hour	From 時: 分 am ~ 時: 分 pm		勤務時間 Working hour	From 時: 分 am ~ 時: 分 pm
	土・日を除く 勤務日数 Working days except weekend	週に 日 または 1ヶ月 日 day(s)/week or day(s)/month		土・日を除く 勤務日数 Working days except weekend	週に 日 または 1ヶ月 日 day(s)/week or day(s)/month

※保護者が就労以外の理由で入所を希望する場合は、別紙の「保護者状況申告書」へ記入してください。
In case of applying for entry with the reasons other than work, fill another page's "Report of state of guardian"

Make sure to describe in detail about child's health condition.

児童の健康状態 Physical condition of the child

健康状態 Health condition	健康 Good ・ 病弱 Fragile (病名・症状 Name of sickness/symptoms: Asthma)
アレルギーの有無 Allergies	無 None ・ 有 Yes (アレルゲン Allergen: Soba, Milk, Egg)
発達状況等 Developmental state etc.	<input type="checkbox"/> 特に心配なし Does not have specific concerns. <input type="checkbox"/> 発達に不安がある Has developmental concerns (具体的に: In detail) <input checked="" type="checkbox"/> 障がい等がある Has disabilities etc. (障がい名: Type of disability: ADHD) 学級 School class: 通常学級 Normal class ・ 特別支援学級 Special-need class ・ その他 Others () 手帳 Handbook: 無 No 有 Yes (手帳名: Type: Mental Disability 手帳) (3 級・判定 Level) クラブへ伝えておきたいこと: (Not good at staying still.) Note to Jido Club

Articles of consent and pledge for using Jido Club

<Articles of consent>

- Tokawa city does confirmation of necessary requirements for entry to Jido Club and sees administrative documents required for the calculation of user's fee.
- Toyokawa city makes inquiries about the guardian's workplace if report is not submitted in case of change with registered matters of the submitted application.
- With necessities, Jido Club staff ask child's school etc. for information of the child.
I agree with the Articles of consent written above.

<Articles of pledge>

- I make sure to pay the fixed fee of Jico Club by the due date.
- I will pick up the child by Jido Club's closing time for sure. I will come for pick-up as soon as my work is over.
- When there is any change in the application form such as state of employment and contact number etc., I will make an announcement to the club.
- I promise to fulfill the conditions of the application form. I will not have any objection even if the use of Jido Club is not available.

保護者氏名 Name of guardian

Read articles of consent and pledge. Then, write the name of guardian.