

大府市放課後クラブ入所受付票 Obu City Hōkago Club Enrolment Registration Form

◆Please fill in all sections with thick borders and submit by the deadline.  
 ◆Because the application is made each year starting April, If you wish to enter during spring break (March/April), you must apply for each year separately.

Application Date		年(Y) 月(M) 日(D)		
Child's	Elementary School	<input type="checkbox"/> Obu <input type="checkbox"/> Daito <input type="checkbox"/> Kanda <input type="checkbox"/> Kitayama <input type="checkbox"/> Higashiyama <input type="checkbox"/> Kyowa Nishi <input type="checkbox"/> Kyocho <input type="checkbox"/> Yoshida <input type="checkbox"/> Ishigase <input type="checkbox"/> Other ( )		
	Hōkago Club Name	<input type="checkbox"/> Obu <input type="checkbox"/> Daito <input type="checkbox"/> Kanda <input type="checkbox"/> Kitayama <input type="checkbox"/> Higashiyama <input type="checkbox"/> Kyowa Nishi <input type="checkbox"/> Kyocho <input type="checkbox"/> Yoshida <input type="checkbox"/> Ishigase <input type="checkbox"/> Other ( )		
	School grade at time of Hōkago Club enrolment	Child's Name	Gender	Date of Birth
	年	Name in Katakana	M · F	H / / Year Month Date
				Kindergarten/Daycare Attended Hoikuen · Youchien

Guardian	Name	Address	Telephone Number
	Name in Katakana	Obu-shi	Emergency Contact (Father · Mother)
			Home:

保護者の状況 Household Living Situation	Father	<input type="checkbox"/> Living Together → <input type="checkbox"/> Self Employed/Business Owner → (Declared Income Tax? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Student <input type="checkbox"/> Other ( ) <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Employee, Public Servant, Contractor (Haken), Part-time <input type="checkbox"/> Subcontractor · Side-job <input type="checkbox"/> Disabled
	Mother	<input type="checkbox"/> Living Together → <input type="checkbox"/> Self Employed/Business Owner → (Declared Income Tax? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Student <input type="checkbox"/> Other ( ) <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Employee, Public Servant, Contractor (Haken), Part-time <input type="checkbox"/> Subcontractor · Side-job <input type="checkbox"/> Disabled
	Lives with grandfather	<input type="checkbox"/> No <input type="checkbox"/> Under 65 → <input type="checkbox"/> Self Employed/Business Owner → (Declared Income Tax? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Student <input type="checkbox"/> Other ( ) <input type="checkbox"/> Yes <input type="checkbox"/> Over 65 <input type="checkbox"/> Employee, Public Servant, Part-time <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Sub-contractor, Side-job <input type="checkbox"/> Disabled
	Lives with grandmother	<input type="checkbox"/> No <input type="checkbox"/> Under 65 → <input type="checkbox"/> Self Employed/Business Owner → (Declared Income Tax? <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Student <input type="checkbox"/> Other ( ) <input type="checkbox"/> Yes <input type="checkbox"/> Over 65 <input type="checkbox"/> Employee, Public-servant, Part-time <input type="checkbox"/> Seeking Employment <input type="checkbox"/> Sub-contractor, Side-job <input type="checkbox"/> Disabled

確認事項 Confirmation	Desired Start	年(Y) 月(M) [ <input type="checkbox"/> 1 st <input type="checkbox"/> 1 6 th ]	Enrolment Type	<input type="checkbox"/> Attend throughout the year (yearly) <input type="checkbox"/> Other
	Early Drop-off (Vacation Weekdays 7:30~8:00)	<input type="checkbox"/> Yes	Leaving Hōkago Premises (For club activities etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Bank Account Registration		Only for children in Private Schools <input type="checkbox"/> Yes <input type="checkbox"/> No

入所希望児童の健康・発達状況等 Child Health and Development	<input type="checkbox"/> None of the below <input type="checkbox"/> ① Have an illness or allergy that required emergency response: [ <input type="checkbox"/> Epilepsy <input type="checkbox"/> Asthma <input type="checkbox"/> Food Allergy ( ) <input type="checkbox"/> Other ( ) ] <input type="checkbox"/> ② Medicine to be taken normally or in an emergency (EpiPen, suppository medicine etc.) [ What kind of medicine does the child need and when : ] <input type="checkbox"/> ③ Developmental concerns · Developmental disabilities etc. → [ <input type="checkbox"/> Has Intellectual Disability Certificate (Ryōiku Techō) etc. (Evaluation: ) ] <input type="checkbox"/> Registered at Developmental Support Centre & School for children with special needs (or will be) (Diagnosis: ) <input type="checkbox"/> ④ Other [ ]	Normal Temperature	°C
	Consultation: A meeting with the Hōkago Club and Board of Education can be arranged if you say Yes to any of the 4 options above.		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Had one in the past but wish the change the content [ <input type="checkbox"/> Yes <input type="checkbox"/> No ]		

入所経験等 Child and Sibling History	Enrolment Plan	<input type="checkbox"/> Will continue enrollment..... ① <input type="checkbox"/> Withdraw temporarily & return later → Notified? <input type="checkbox"/> Not yet (Notification of withdrawal must be submitted first Before submitting this application.) .....① <input type="checkbox"/> Yes (Withdraw Date: Month Day) → Siblings <input type="checkbox"/> Currently Enrolled (Yearly) ② <input type="checkbox"/> Other (or no siblings) ③
	Child Enrolled in past	<input type="checkbox"/> [Year: ] → Regarding Siblings <input type="checkbox"/> Currently Enrolled (yearly) [ Grade/Name : ] ..... ② <input type="checkbox"/> Other (or no siblings) ..... ③
	Child Never Enrolled	Regarding Siblings <input type="checkbox"/> No siblings, or experience enrolling..... ⑤ <input type="checkbox"/> Enrolled in Past (for any period) (Name: ) → Last enrolled: <input type="checkbox"/> under 5 years ④ <input type="checkbox"/> over 5 years ⑤ <input type="checkbox"/> Currently Enrolled (yearly) [ Grade/Name : ] ..... ②

入所区分 ①継続児童 ②入所(継続)児の兄弟姉妹 ③入所経験がある児童 ④入所経験がある児童の兄弟姉妹  
 入所説明 ⑤新規 <入所説明> [ 学校教育課窓口 · 説明会(参加予定日 / ) → 説明会実施後記入(出席 · 欠席) ]

書類配付受付	担当者	受付場所	三者面談	審査	審査① /	審査② /
本申込み受付	受付日 /	担当者		入所決定 · 利用(変更または書類返却) · 修正(書類返却) · 入所却下(書類返却)		
書類返却再提出	書類返却日 /	担当者	入所決定 · 入所却下	入所開始日 /	入所決定通知書配付	配付日 / 担当者

備考	日付: / 担当: ) 日付: / 担当: )
処理欄	就学援助 有 · 無 内定 / 口座 / 保険 / 三者面談確認 / クラブへ入所連絡 / キャンセル · 取消受付日 / 取下 /