

SAMPLE

Date of submittal (y/m/d):

To: Mayor of Iwakuni

After School Daycare Program Application Form

Applicant

Address	〒740-0017 △ - □□, 1-chome, Imazu-machi Iwakuni City		
Furigana	いわくに はなこ	ICE number	
Guardian		① 090-1234-5678	Father • Mother • Other ()
Name	Iwakuni Hanako	② 080-9876-5432	Father • Mother • Other (Grand. Mom)

I'd like to apply for utilization of ASCLC as follows.

Furigana Name of subject child	Sex	DoB(y/m/d)	School name • Grade (a/o April, 2025)
いわくに しょうた Iwakuni Shota	M • F		〇〇 E.S 3 rd grade
いわくに さくら Iwakuni Sakura	M • F		〇〇 E.S. 1 st grade
	M • F		E.S. grade
Desired period of utilization ※From 10days after application.	R 7 (2025) /04/01 - R8 (2026)/ 03/31 (y/m/d)		
Expected day(s) of utilization ※Circle the day(s) of desired utilization	Mo • Tue • Wed • Thu • Fri • Sat		
Reason(s) for application ※Circle the applicable one.	Work • Pregnant/After delivery • Illness/Injury/Disability • Nursing/Caregiver • Attending school • Disaster recovery Other ()		

■ Circle the applicable answer and fill in the field of free opinion.

* Specify who they are if brothers/sisters are willing to attend **After School Daycare Program**.

- ☐ Is registration of mail for guardian already done? (Yes • No)
- ☐ Does your child have food/drug allergy? (Yes • No)
- Provide the details in case of Yes. (Sakura is allergic to eggs)
- ☐ Is your child taking any medication? (Yes • No)
- Provide the details in case of Yes ()
- ☐ Shall we have to pay attention to any health issue-disability/illness, etc. (Yes • No)

of your child?

Provide the details in case of Yes

Fill out the reverse side, too.

■ Members in the same household (Excluding the subject child)

Furigana Name	Relationship to subject child	Sex	DoB(y/m/d)	Work place Attending(nursery)school	Working hours *for employees
いわくに はなこ	Mother	M • <u>F</u>		Iwakuni City Hall TEL: 29-5075	Weekdays: 0830 - 1715 Saturdays: - Shift • Rotation 【 <u>M</u> • <u>T</u> • <u>W</u> • <u>Th</u> • <u>F</u> • Sat 】
Iwakuni Hanako					
いまづ かずお	Father	<u>M</u> • F		Self-employed (Agriculture) TEL:	Weekdays: 0700 - 1700 Saturdays: 0700 - 1630 Shift • Rotation 【 <u>M</u> • <u>T</u> • <u>W</u> • <u>Th</u> • <u>F</u> • <u>Sat</u> 】
Imazu Kazuo					
いまづ ふみこ	Grand-mother	M • <u>F</u>		Store "Ren" TEL: 12-8484	Weekdays: 0900 - 1500 Saturdays: 0830 - 1230 Shift • Rotation 【 <u>M</u> • <u>T</u> • W • Th • <u>F</u> • <u>Sat</u> 】
Imazu Fumiko					
いわくに かえで	Sister	M • <u>F</u>		Kintaikyo Nursery School TEL:	Weekdays: - Saturdays: - Shift • Rotation 【 M • T • W • Th • F • Sat 】
Iwakuni Kaede					
		M • F			Weekdays: - Saturdays: - Shift • Rotation 【 M • T • W • Th • F • Sat 】

* Circle Shift or Rotation if applicable.

* Those who are unemployed shall leave the working hours blank

* Put two lines across the errors for correction.

* Final decision may be cancelled if the decision has been made based on false application or other fraudulent means.

■ Circle the applicable reason if one of the parents is not living with the subject child in the same household.

	In case of father	In case of mother
Reason	<u>Separation</u> (incl. business bachelor) • divorce • bereavement • unmarried • imprisonment • missing Other ()	Separation(incl. business bachelor) • divorce • bereavement • unmarried • imprisonment • missing Other ()
	Since when? (○○○○ ○ y/m)	Since when? (y/m)

"After School Daycare Program Application Form," " Documentation of inability to provide childcare (Certificate of Employment Status, Medical certificate)," "Confirmation of insurance coverage details," "Application for Fee Reduction or Waiver" (for those in need only) must be put together for submission within the application period. Please contact Nursery/Kindergarten Section when you can't have them ready in time.