Form No. 1 (related to Article 3)

Pupils' Club Application Form

Date: / /
(YYYY/MM/DD)

To: The Mayor of Minato City

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Applicant Address

Name

Tel. No.

In accordance with the provisions of Article 7 of the Minato City After-School Club Ordinance, I am applying as follows, along with the relevant documents, to receive approval to enroll my child in a Pupils' Club.
Furthermore, in order to confirm my need for use of the Pupils' Club, I agree that Minto City may use public records to confirm information that Minato City has regarding the child's parents/guardians and other members of the same household.

Child	Furigana		Date of Birth	/ / (YYYY/MM/DD)
	Name			
	School	Elementary School		Grade (as of April 2024)

Family Situation (fill in for all family members)	Furigana Name	Relation	Notes
		Child Himself/ Herself	

Need for Use of Pupils' Club	Applicant's Reason	Spouse's Reason
	(1) Work (2) Childbirth (3) Illness (4) Disability (5) Caregiving/Nursing (6) Seeking work (7)Attending school (8) Childcare leave (9) Disaster (10) Other ( )	(1) Work (2) Childbirth (3) Illness (4) Disability (5) Caregiving/Nursing (6) Seeking work (7)Attending school (8) Childcare leave (9) Disaster (10) Other ( )

Desired Pupils' Club	1st Choice		2nd Choice	

Desired Usage Days	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Notes

(Relationship with child)		Applicant ( )	Spouse ( )
Date of Birth (YYYY/MM/DD)		/ /	/ /
Out-of-Home Work / At-Home Work / Self-Employed / Job Offer / Attending School	Name of workplace		
	Job type or work content		
	Work location		
	Commuting time (one-way)	min.	min.
	Workplace tel. no.	ext. ( )	ext. ( )
	Working hours *including breaks	AM PM ~ AM PM	AM PM ~ AM PM
	If engaged in irregular work		
	Days Off		
Illness / Disability	Name of disease/disability		
	Do you have a disease/disability techo (certificate)?	Yes (Level/Degree) / No	Yes (Level/Degree) / No
	Name of hospital/facility		
Caregiving / Nursing	Person receiving caregiving/nursing	(Relation)	(Relation)
	Name of disease/disability		
	Do you have a disease/disability techo (certificate)?	Yes (Level/Degree) / No	Yes (Level/Degree) / No
	Name of hospital/facility		
Are you receiving public welfare assistance?		Yes / No	

Period during which the parent/guardian has continuously resided in Minato City (as of April 2024): years months
*If you were registered as a resident outside Minato City due to the City Re-Development Project, the period prior to your temporary move and the period during the temporary more are also included in your period of residence.

Child's Information				
	Gender	Male / Female	Name of Pupils' Club currently enrolled in	
	Does the child have a disability?	Yes / No	Regardless of whether or not the child has a disability, please submit a Living Situation Survey if the child requires special accommodations.	
	Does the child have any allergies?	Yes / No	If yes, an individual interview will be conducted with you and you will be asked to submit a school life guidance sheet (for the child's allergies) at a later date.	

Confirmation items (please check the following and mark with a ✓ check mark)

- □ Child is note registered for direct general visits to a Children's Hall (if they are registered, then the application will be submitted to the Pupils' Club at the Children's Hall where they are registered.)
- □ If there are any changes to the details in the application, such as to address or place of employment, a Notice of Change in Application Items will be submitted.

Notes

[For use by Minato City]

Receipt Number	Date of Receipt (YYYY/MM/DD)	Receiving Facility		Section in Charge			Selection Results
		Individual in charge	Facility Director	Chief	Director	Deputy Director	
							Approved / Not Approved / 2nd Choice

							Approved / Not Approved