Nursery School Enrollment Application Form

To Director of Minato City Public Welfare Office

I hereby apply for the children's enrollment as stated below.

	Chi	ld's name	Date of birth://	(Year / N	Month / Day)	Parent's/ guardian's name			
	Period during which childcare services are required		Same as Period for which the benefits are required From / 01/ to / / (yyyy/dd/mm) Until the child starts elementary school						
	Status of current provision of childcare		☐Parents are doing childca		☐ Accompanying parents to work (outside of home)				
			Father / Mother Every		Father / Mother Everyday / days a week				
			☐Relatives or others are do	e	☐Leaving at a nursery facility				
			Relatives / Friends (Name of the facility (
			days a		days a week				
Application details	Nursery school name				Nursery so	hool name	nool name Nursery school name		
	Desir	1st choice		6th choice			11th choice		
		Nursery school code		Nursery school code			Nursery school code		
1 details		2nd choice		7th choice			12th choice		
ls		Nursery school code		Nursery school code			Nursery school code		
	ed nurs	3rd choice		8th choice			13th choice		
	Desired nursery school	Nursery school code		Nursery school code			Nursery school code		
		4th choice		9th choice			14th choice		
		Nursery school code		Nursery school code			Nursery school code		
		5th choice		10th choice			15th choice		
* 10	-:1-1:	Nursery school code	ving at the same time, please	Nursery school code			Nursery school code		

** If siblings are applying at the same time, please make a copy and use that.

**For the nursery school code, see the "List of Licensed Nursery Schools, etc. in Minato City."

Setting conditions for simultaneous applications for siblings

Piea	ise reit	er to	tne exa	mpie (on the	e rignt,
and	check	the	desired	condit	ions	below.

Select desired conditions.
①Not acceptable except for simultaneous admission to the same facility.
②Not acceptable except for simultaneous admission (with priority to the same facility).
③Not acceptable except for simultaneous admission (in the desired order).
4 Non-simultaneous admission is also acceptable (with priority to the same facility).

⑤Non-simultaneous admission is also acceptable (in the desired order).

	Example 1		Exan	ple 2	Example 3	
	Older child	Younger child	Older child	Younger child	Older child	Younger child
First choice	0	X	0	X	X	×
Second choice	×	0	X	0	X	0
Third choice	0	0	X	0	X	0

If an offer (\bigcirc) can be issued as shown in the above example, the offer will be as follows depending on each selection condition

Desirable	Example 1 Offered facility		Example 2 Offered facility		Example 3 Offered facility	
condition	Older child	Younger child	Older child	Younger child	Older child	Younger child
1	Third choice	Third choice	No offer	No offer	No offer	No offer
2	Third choice	Third choice	First choice	Second choice	No offer	No offer
3	First choice	Second choice	First choice	Second choice	No offer	No offer
4	Third choice	Third choice	First choice	Second choice	No offer	Second choice
(5)	First choice	Second choice	Firstchoice	Second choice	No offer	Second choice

Child Health Declaration

Child's name vear(s) months) (Date of application: Record Delivery Type: Length of Pregnancy: weeks days Natural / Caesarean section Weight: of If he/she is a low-birth-weight baby (less than 2500g), does he/she Delivery Vacuum extraction / Asphyxia see a doctor regularly? Irregularities at Birth: Yes / No Yes / No (Illness: Have you consulted a doctor about developmental and chronic illnesses? Yes / No) (Name of Hospital or Medical Institution:) Taking medication: Yes (times/ a day) (Morning / Afternoon / Evening) / No Health Present circumstances: Healing / Seeing a doctor regularly / Follow-up only Status Is there any food that he/she can't eat because of allergy or religion? Yes / No (Details: Has he / she had an allergic reaction? Yes / No Medication: Yes (a day, Morning / Afternoon / Evening) / No *Please submit Guidance Table of the Allergy Life Management during the interview at the nursery school. Does he / she have convulsions? Yes (times) / No °C) / No year month) Fever Yes / No Suppository Yes (More than Certificate of the Intellectually / Physically Disabled Yes / No Intellectually Disabled (Physically Disabled (level) Please fill in the blanks or circle the appropriate response. Holds his/her head upright (month) Turns over (month) Sits up (month) 0, 1 years-old 2,3,4,5, Crawls (month) Stands (month) Walks (month) class vears-old class Yes / No 1 Does your child smile when you touch or hold him/her? Does your child try to look in the direction of your voice when you call him/her from a Yes / No place that is out of his/her sight? Develop Is there anything unusual in your child's eye movement or expressions? Yes / No mental Can your child understand simple commands such as "Come here" or "Give me?" Yes / No status 5 Can your child utter meaningful words such as "mama" or "bye-bye"? Yes / No Yes / No Yes / No 6 Does your child feed himself/herself with a spoon? Yes / No 7 Does your child understand and do easy requests (i.e.," Please bring ~"?) Yes / No Yes / No Does your child speak in simple sentences? (i.e., "Dog come" or "Me hungry") Yes / No Yes / No 8 9 Can your child say his/her name? Yes / No Yes / No 10 Can your child dress and undress by himself/herself? 11 Can your child use the toilet by himself/herself to urinate? Yes / No 12 Yes / No Does your child talk to you about his/her experiences of the day? 13 Yes / No Does your child follow the rules when he/she is playing? Does your child stay still in one place? Yes / No Use the space below to write down notes on your child's growth, concerns about raising the child, illness relating to nursery school.

Note:

Depending on your child's situation, you may be asked to submit a medical certificate designated by the City or a written opinion and a

child status table.

This declaration form (Child Health Declaration), a medical certificate designated by the City/a written opinion form and a child status table can be downloaded from the Minato City website.