

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

※ 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

Please refer to the example on the right, and check the desired conditions below.

	Example 1		Example 2		Example 3	
	Older child	Younger child	Older child	Younger child	Older child	Younger child
First choice	○	×	○	×	×	×
Second choice	×	○	×	○	×	○
Third choice	○	○	×	○	×	○

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

Desirable condition	Example 1 Offered facility		Example 2 Offered facility		Example 3 Offered facility	
	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	First choice	Second choice	No offer	Second choice

Select desired conditions.

☐ ① Not acceptable except for simultaneous admission to the same facility.

☐ ② Not acceptable except for simultaneous admission (with priority to the same facility).

☐ ③ Not acceptable except for simultaneous admission (in the desired order).

☐ ④ Non-simultaneous admission is also acceptable (with priority to the same facility).

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

## Child Health Declaration

Child's name \_\_\_\_\_ ( \_\_\_\_\_ year(s) \_\_\_\_\_ months) \_\_\_\_\_ (Date of application: \_\_\_\_\_)

Record of Delivery	Delivery Type:		Length of Pregnancy: _____ weeks _____ days		
	Natural / Caesarean section		Weight: _____ g		
	Vacuum extraction / Asphyxia		If he/she is a low-birth-weight baby (less than 2500g), does he/she see a doctor regularly? Yes / No		
Health Status	Irregularities at Birth: Yes / No (Illness: _____)				
	Have you consulted a doctor about developmental and chronic illnesses? Yes / No (Illness: _____) (Name of Hospital or Medical Institution: _____)				
	Taking medication: Yes ( _____ times/ a day) (Morning / Afternoon / Evening) / No				
	Present circumstances: Healing / Seeing a doctor regularly / Follow-up only				
	Is there any food that he/she can't eat because of allergy or religion? Yes / No (Details: _____)				
Develop mental status	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 ( _____ year _____ month) Fever Yes / No Suppository Yes (More than _____ °C) / No				
	Certificate of the Intellectually / Physically Disabled Yes / No Intellectually Disabled ( _____ level) 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 class	2,3,4,5, years-old class	
	Crawls ( _____ month) Stands ( _____ month) Walks ( _____ month)				
	1	Does your child smile when you touch or hold him/her?		Yes / No	
	2	Does your child try to look in the direction of your voice when you call him/her from a place that is out of his/her sight?		Yes / No	
	3	Is there anything unusual in your child's eye movement or expressions?		Yes / No	
	4	Can your child understand simple commands such as "Come here" or "Give me?"		Yes / No	
5	Can your child utter meaningful words such as "mama" or "bye-bye"?		Yes / No	Yes / No	
6	Does your child feed himself/herself with a spoon?		Yes / No	Yes / No	
7	Does your child understand and do easy requests (i.e., "Please bring ~"?)		Yes / No	Yes / No	
8	Does your child speak in simple sentences? (i.e., "Dog come" or "Me hungry")		Yes / No	Yes / No	
9	Can your child say his/her name?			Yes / No	
10	Can your child dress and undress by himself/herself?			Yes / No	
11	Can your child use the toilet by himself/herself to urinate?			Yes / No	
12	Does your child talk to you about his/her experiences of the day?			Yes / No	
13	Does your child follow the rules when he/she is playing?			Yes / No	
14	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.