Application form for the use of Pupils' Clubs

						Date:	/ /	(YYYY/MM/DD)	
To the Mayor of Minato City									
	-				Ŧ	_			
			Applicant	Address					
				Name					
				Phone no.					
In accordance w as follows, togethe Furthermore, in or records, etc. to cor members of the say	er with the ro der to confin nfirm the inf	elevant doc rm my need formation th	uments, to i I to use a Pu	receive app 1pils' Club,	roval to use I agree that	a Pupils' C Minato Cit	lub. Ty may u	ise public	
members of the sal	Name in kana	lu.							
Child	Name				Date of birth		(YY	YY/MM/DD)	
	School			Element	ary School	gra	ade (as o	of April 2025)	
	<u></u>		in kana me		Relationship	Relationship Notes			
					Child himself/herself				
					-				
Family situation					-				
(fill in for all family members					-				
					-				
					-				
		Applican	t's reason		Spouse's reason				
Need for use of Pupils' Club	(1) Work (4) Disab (6) Seekin (8) Child (10) Othe	ility (5 ng work (7 care leave	ldbirth (1) Caregiving) Attending (9) Disast	school	 (1) Work (2) Childbirth (3) Illness (4) Disability (5) Caregiving/nursing (6) Seeking work (7) Attending school (8) Childcare leave (9) Disaster (10) Other () 			g/nursing ing school	
Preferred Pupils' Club	First choice				Second choice				
Desired usage	Mon	Tues	Wed	Thurs	Fri	Sat		Notes	
days									

(Relati	ionship with child)	Applicant ()	Spouse ()		
Date of b	irth (YYYY/MM/DD	/ /		/ /			
	Name of workplace						
En	Type of job						
ıploym	Work location		Working away from home Yes / No		Working away from home Yes / No		
ent/ati	Commuting time (one-way)		minutes	5	minutes		
endir	Workplace phone no		ext. ()	ext. ()		
Employment/attending school	Working hours *including breaks If engaged in irregular work	to	AM PM	AM to AM PM PM			
	Days off						
Illness	Name of illness/disability Do you have a		× / >	N. (1. 1/D			
Illness/disabili ty	techo Name of hospital/facility	Yes (Level/Deg	ree) / No	Yes (Level/Degree	e) / No		
Careg	Person receiving the Name of	(Relation) (Re	lation)		
Caregiving/nursing	illness/disability Do they have a techo Name of	Yes (Level/Deg	Yes (Level/Degree) / No				
Are yo	Name of hospital/facility ou receiving public		Σ.				
well Period c *If you w the period	fare assistance? during which guardian rere registered as a residen d of the temporary move a	re also included in your period	ed in Minato City (as he City Re-Development d of residence.	/ No s of April 2025): yea Project, the period prior to your te			
Π		e guardian who has lived in M Male / Female	Name of Pupils' Clu				
nformation abou child to be enrolled	Does the child have a disability?	Yes / No (-	2024 or not the child has a disability, ple ey if the child requires special con	-		
n about • be •d	Does the child have any allergies?	Yes / No	-	view will be conducted and you will the sheet (for the child's allergies) a			
Confirr D Will be s D	mation items (pleas My child is not regist sent to the Pupils' Clu If there are any char	ub at the Children's Hall	and mark with a \checkmark isits to a Children's H where they are regist ne application, such	check mark) Iall, etc. (If they are registere	ed, the application		
[For use	by Minato City] Date of Receipt	Receiving facility	Section in cha				

Receipt	Date of Receipt	Receiving facility		Section in charge				
1 1		Individual	vidual Facility Chief		Dimentan	Director	Selection results	
number	(YYYY/MM/DD)	in charge	director	Chief	Director	General		
							Approved / Not Approved / 2nd Choice	
							Approved / Not Approved	

Desired usage

days

Mon

0

Application form for the use of Pupils' Clubs

					Date: 2025 / 00 / 00 (YYYY/MM/DD)			
To the Mayor of N	linato City							
	•			〒123-456	7			
		Applicant	Address		Sunrise, 1-2-3 Shibakoen, Minato City			
		rippilount	Name	10011101,	Minato Taro			
			Phone no.		03-1212-3434			
as follows, togethe Furthermore, in or	er with the re der to confir nfirm the info	elevant documents, to r m my need to use a Pu prmation that the City	eceive app pils' Club,	roval to use I agree that	Club Ordinance, I am applying a Pupils' Club. Minato City may use public I's parents/guardians and other			
	Name in kana	みなと はな	.こ		2017 / 05 / 01			
Child	Name	Minato Hana	ko	Date of birt	(YYYY/MM/DD)			
	School	Minato City Sal	<mark>cura</mark> Eleme	ntary Schoo	ol 2nd grade (as of April 2025)			
		Name in kana		D 1 (* 1*				
		Name		Relationship	Notes			
		みなと はなこ Minato Hanako		Child himself/herself	Attending special support			
		みなと たろう			classes (room OO)			
		Minato Taro		Father				
		みなと さきこ		Mother				
Family situation		Minato Sakiko みなと いちろう			Martanaka Calmar India Hisk School And			
(fill in for all family members		Minato Ichiro		Older brother	Minatogaoka Gakuen Junior High School 2nd grade. Shintai Shogaisha Techo (Certificate of			
family memoers		みなと じろう			the Physically Disabled) level 4			
		Minato Jiro		Younger brother	Sakura 1 Nursery school			
		みなと ともこ		Grandmothe				
		Minato Tomoko		r				
		Applicant's reason		Spouse's reason				
Need for use of Pupils' Club	(1) Work (4) Disabi (6) Seekin (8) Childe (10) Other	lity (5) Caregiving ag work (7) Attending s are leave (9) Disaste	school	(1) Work (4) Disab (6) Seeki (8) Child (10) Othe	ility(5) Caregiving/nursingng work(7) Attending schoolcare leave(9) Disaster			
Preferred Pupils' Club	First choice	Hoka GO→Pupils' Cl	ub Minato	Second choice	Sakura Children's Hall Pupils' Club			
Ciuo				CHOICE	Ciub			

Wed

Thurs

0

Fri

0

Sat

Tues

0

Notes

Use on Thursday in

summer vacation only

(Relati	ionship with child)	Applicant (Father)	Spouse	e (Mother)	
Date of b	irth (YYYY/MM/DD		1989 /	10 / 10			199	2 /	8 /	21
	Name of workplace	Minato Bank, Sag		Minatoshokai						
Employment/attending school	Type of job	Loan-rela	nted work			Receptionist				
	Work location	1-1-1 Chuo, Sagami	ihara City	Working away from home Yes No	2F, 3-4 K	lita-azal ku	bu, Minato	0-	Working from ho Yes	ome
	Commuting time (one-way)		9	0 minutes		30 minutes				
	Workplace phone no	042-121-11	1 ext. (2233)	0.	03-2233-0001 ext. (234)				
Employm	Working hours *including breaks If engaged in	AM PM 8:30 to	AM PM 5	: 30	AM AM PM ^{to} PM (1) 8:30 to 16:00 (Mon, Wed, Fri)					
Н	irregular work Days off	Saturday, Sunday	y, public h	(2) 13:00 to 18:00 (Tues, Thurs, Sat) 2nd and 4th Saturday, Sunday, public holidays						
Illness/disabil ity	Name of illness/disability Do you have a techo Name of	Yes (Level/De	gree)	/ No	Yes	(Level/]) /]	No	
	hospital/facility Person receiving the Name of		(Relation)							
Caregiving/nursing	illness/disability Do they have a techo Name of hospital/facility	Yes (Level/De	Yes (Level/Degree) / No							
-	fare assistance?	Yes No								
Period c *If you w the period *Please gi	during which guardian ere registered as a residen I of the temporary move a	n has continuously resident toutside Minato City due to re also included in your peri e guardian who has lived in	the City Re-I od of residenc Minato City t	Development ce. he longest.	Project, the per		10 years 3 o your tempor		ove an	
to be d	Gender	Male / Female		Pupils' Clu during FY2		Hoka G	O→Pupils'	Clu	b Mi	nato
Information about child to enrolled	Does the child have a disability?	Yes / No (-		r not the child i ey if the child r				a Livi	ng
Infa about e1	Does the child have any allergies?	Yes / No (•		iew will be con ce sheet (for th		•			mit]a
Confirr N will be s If	nation items (please Ay child is not registe sent to the Pupils' Clu f there are any chan	e check the following red for direct general v ub at the Children's Hal ges to the details in th ange in Application I	and mark isits to a Cl l where the he applicat	with a √ o hildren's Ha y are regist	check mark all, etc. (If th ered)	t) ney are re	egistered, th	e app	plicat	
[For use	by Minato City]									J
Receipt	Date of Receipt	Receiving facility	Se	ection in cha	rge					

Receipt	Date of Receipt	Receiving facility		Section in charge			
number (YYYY/MM/DD)		Individual	Facility	Chief	Director	Director	Selection results
		in charge	director	Ciller	Director	General	
							Approved / Not Approved / 2nd Choice
							Approved / Not Approved