## Nursery School Enrollment Application Form

Attn: Director of the Minato City Welfare Office

I hereby apply for nursery school enrollment as follows.

	Child's Name						Date	of Bir	th:				Guardi Nan									
	de	Period esiring aildcare	□Same as desired certification period YYYYMMDD 202X MM, 1 to						YYY	YYYMMDD / Until pre-school												
			□Guardian providing chidcare at					at home				☐Working while watching child										
	C	urrent	Father / Mother Daily/					Daily/V	Weekly days				Father / Mother			Daily/Weekly				days		
		ildcare tuation	Relatives providing Childcare							□Entrusted to childcare facility, etc.								`				
			Name of Relative/Friend ( )								N	Name of Relative/Friend (							)			
ıt																w	eeks				days	
Childcare Enrollment Application Content			Name of Nursery School							Name	of N	Nursery School					Name	of Nu	rsery	School		
		1st Preference							6th Preference							11th Preference						
	Desired Nursery School, etc.	Nursery School Code							Nursery School Code							Nursery School Code						
		2nd Preference							7th Preference							12th Preference						
hildcare		Nursery School Code							Nursery School Code							Nursery School Code						
C		3rd Preference					8th Preference					12th Preference										
		Nursery School Code							Nursery School Code							Nursery School Code						
		4th Preference						9th Preference							14th Preference							
		Nursery School Code							Nursery School Code							Nursery School Code						
		5th Preference							10th Preference							15th Preference						
		Nursery School Code							Nursery School Code							Nursery School Code						

<sup>\*</sup>Please refer to the List of Licensed Minato City Nursery Schools for nursery school codes.

			Exan	nple 1	Exan	nple 2	Exan	ple 3
lings	Please check the following desired conditions with reference to the example on		Older Child	Younger Child	Older Child	Younger Child	Older Child	Younger Child
Sib	the right.	1st Preference	0	×	0	×	×	×
with	the right.	2nd Preference	×	0	×	0	×	0
tion		3rd Preference	0	0	×	0	×	0
s Applica					lows accorent (O) is			
noəı				Jursery		Vursery		Jursery
Setting Conditions in the case of Simultaneous Application with Siblings		Desired		lacement	School Placement		School Placement	
	Select Desired Conditions	Conditions	Older Child	Younger Child	Older Child	Younger Child	Older Child	Younge Child
	1) Other than simultaneous enrollment at same nursery school is not possible	1)	3rd Pref.	3rd Pref.	No Placement	No Placement	No Placement	No Placemen
	☐ 2) Other than simultaneous enrollment is not possible (same-school priority)	2)	3rd Pref.	3rd Pref.	1st Pref.	2nd Pref.	No Placement	No Placemen
	☐ 3) Other than simultaneous enrollment is not possible (by preference order)	3)	1st Pref.	2nd Pref.	1st Pref.	2nd Pref.	No Placement	No Placemen
	☐ 4) Other than simultaneous enrollment is also possible (same-school priority)	4)	3rd Pref.	3rd Pref.	1st Pref.	2nd Pref.	No Placement	2nd Prei
	□ 5) Other than simultaneous enrollment is also	5)	1st Pref.	2nd Pref.	1st Pref.	2nd Pref.	No	2nd Pref

<sup>\*</sup>Please use copies when applying simultaneously with siblings.

## Form 1-10 (Article 6 related) Child Health Status Declaration Form

Child's Name	vears	months)	(Date of Completion:	/ /	
Ciliu s Ivanic	ycars	momus)	Date of Completion.	/ /	

	Delivery	Conditions Gestational time		weeks									
Birth Conditions	Nori	mal Cesarean Section Vacuum Extraction Asphyxia  Birth weight											
	Birth al	Training Training	aht ahildran (und	g at children (under 2,500 g at									
		birth), have there bed	•										
	Name o	of Condition ( ) Yes / No											
	Have y	ou consulted a hospital or clinic regarding developmental or chronic illnesses? Yes	s / No										
	Name o	of Condition ( ) Name of Hospital/Facility (		)									
	Medica	Medications Yes / No times per day (Morning/Afternoon/Evening)											
	Current	urrent Condition Cured / Continuing Hospital Visits / Under Observation											
ns	Are the	re any allergies? Yes / No Type of Allergy: (		)									
Stat	Has the	child ever experienced shock symptoms? Yes / No											
Health Status	Medica	Medication Yes / No per day (morning, afternoon, evening)											
	*Please	*Please submit the City-designated "Allergy Life Management Guidance Chart for Childcare Facilities" at the time of your enrollment interview.											
	Has the	s the child experienced convulsions Yes / No Number of times times											
	If Y	If Yes, → Aged years months Fever Yes / No Suppository Yes ( °C or more) / No											
	Does th	Does the child have a Physical Disability or Intellectual Disability Certificate (Aino Techō)  Yes / No											
		Physical Disability Certificate ( Grade) Intellectual Disability Certificate (Aino Techō) ( Level)											
	Please fill in the parenthesis below, or circle the appropriate response.												
		entrol (about months) Rolling over (about months)	0/1-year-old	2/3/4/5-year-old									
	_	p (about months) Crawling (about months) g with support (about months) Start walking (about months)	Classes	Classes									
	1	Does the child laugh when played with?	Yes / No										
	2	When called from somewhere out of sight, does the child try to look in that direction?	Yes / No										
	3	Is there any concern over strange gaze or eye movements by the child?	Yes / No										
Development Status	4	Does the child understand simple words spoken by adults (like "come here", "give it to me", etc.)?	Yes / No										
ent 3	5	Can the child say (or has said) several meaningful words such as mamma, vroom?	Yes / No	Yes / No									
mdo	6	Can the child eat with a spoon (chopsticks)?	Yes / No	Yes / No									
velc	7	Does the child understand and act on simple instructions such as "bring me that"?	Yes / No	Yes / No									
De	8	Can the child say short sentences (like "doggy's here" or "give me, mom")?	Yes / No	Yes / No									
	9	Can the child say their own name?		Yes / No									
	10	Can the child dress themselves?		Yes / No									
	11	Can the child use the toilet by themselves?		Yes / No									
	12	Can the child speak to mom and dad about their own experiences?		Yes / No									
	13	Can the child keep promises and obey rules?		Yes / No									
	14	Does the child sometimes have difficulty sitting still?		Yes / No									
If the	re are any	y other health or developmental concerns with regard to nursery school enrollment, ple	ase write them he	ere.									

<sup>\*</sup>Depending on the condition of the child, you may be required to submit a city-designated Medical Certificate or Doctor's Opinion Letter and Child Status Form.

<sup>\*</sup>This Declaration Form, the city-designated Medical Certificate and Doctor's Opinion, and the Child Status Form can be downloaded from the official Minato City website.