

Application form for the use of Pupils' Clubs

Date: / / (YYYY/MM/DD)

To the Mayor of Minato City

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Name

Phone no.

In accordance with the provisions of Article 7 of the Minato City Pupils' Club Ordinance, I am applying as follows, together with the relevant documents, to receive approval to use a Pupils' Club.

Furthermore, in order to confirm my need to use a Pupils' Club, I agree that Minato City may use public records, etc. to confirm the information that the City has regarding the child's parents/guardians and other members of the same household.

Child	Name in kana					Date of birth/	(YYYY/MM/DD)	
	Name							
	School	Elementary School grade (as of April 2025)						
Family situation (fill in for all family members)	Name in kana					Relationship	Notes	
	Name					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 ()		
Preferred Pupils' Club	First choice					Second choice		
Desired usage days	Mon	Tues	Wed	Thurs	Fri	Sat	Notes	

(Relationship with child)		Applicant Father/Mother/Other ()		Spouse Father/Mother/Other ()	
Date of birth (YYYY/MM/DD)		/ /		/ /	
Employment/attending	Name of workplace				
	Commuting time (one-way)	minutes		minutes	
	Familial relationship with employer *Fill in if working	Yes / No	Relationship *Fill in if Yes	Yes / No	Relationship *Fill in if Yes
Illness/disability	Name of illness/disability				
	Do you have a techno	Yes (Level/Degree) / No		Yes (Level/Degree) / No	
	Name of hospital/facility				
Caregiving/nursing	Person receiving the	(Relation)		(Relation)	
	Name of illness/disability				
	Do they have a techno	Yes (Level/Degree) / No		Yes (Level/Degree) / No	
	Name of hospital/facility				
Are you receiving public welfare assistance?		Yes / No			
Period during which guardian has continuously resided in Minato City (as of April 2026): 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 of the temporary move are also included in your period of residence.					
*Please give this information for the guardian who has lived in Minato City the longest.					
Information about child to be enrolled	Gender	Male / Female	Name of Pupils' Club enrolled in during FY2025		
	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 consideration.)		
	Does the child have any allergies?	Yes / No	(If yes, an individual interview will be conducted 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)					
☐ My child is not registered for direct visits to a Children's Hall or for extended use of Hoka GO→, etc. (If they are (or were) registered, the application will be sent 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 my address or place of employment, I will submit a Notice of Change in Application Items.					
Notes					