

Nursery School Enrollment Application Form

To Director of Minato City Public Welfare Office

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

	Child's name	Date of birth: ___ / ___ / ___ (Year / Month / Day)	Parent's/ guardian's name				
	Period during which childcare services are required	<input type="checkbox"/> Same as Period for which the benefits are required From ___ / 01/ ___ to ___ / ___ / ___ (mm/dd/yyyy) Until the child starts elementary school					
	Status of current provision of childcare	<input type="checkbox"/> Parents are doing childcare at home Father / Mother Everyday / ___ days a week		<input type="checkbox"/> Accompanying parents to work (outside of home) Father / Mother Everyday / ___ days a week			
		<input type="checkbox"/> Relatives or others are doing childcare Relatives / Friends (_____) ___ days a week		<input type="checkbox"/> Leaving at a nursery facility Name of the facility (_____) ___ days a week			
		Nursery school name		Nursery school name		Nursery school name	
Application details		Desired nursery school	1st choice		6th choice		11th choice
	Nursery school code			Nursery school code		Nursery school code	
	2nd choice			7th choice		12th choice	
	Nursery school code			Nursery school code		Nursery school code	
	3rd choice			8th choice		13th choice	
	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			
Nursery school code		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	Please refer to the example on the right, and check the desired conditions below.	<table border="1" style="margin: auto;"> <tr> <th rowspan="2"></th> <th colspan="2">Example 1</th> <th colspan="2">Example 2</th> <th colspan="2">Example 3</th> </tr> <tr> <th>Older child</th> <th>Younger child</th> <th>Older child</th> <th>Younger child</th> <th>Older child</th> <th>Younger child</th> </tr> <tr> <td>First choice</td> <td style="text-align: center;">○</td> <td style="text-align: center;">×</td> <td style="text-align: center;">○</td> <td style="text-align: center;">×</td> <td style="text-align: center;">×</td> <td style="text-align: center;">×</td> </tr> <tr> <td>Second choice</td> <td style="text-align: center;">×</td> <td style="text-align: center;">○</td> <td style="text-align: center;">×</td> <td style="text-align: center;">○</td> <td style="text-align: center;">×</td> <td style="text-align: center;">○</td> </tr> <tr> <td>Third choice</td> <td style="text-align: center;">○</td> <td style="text-align: center;">○</td> <td style="text-align: center;">×</td> <td style="text-align: center;">○</td> <td style="text-align: center;">×</td> <td style="text-align: center;">○</td> </tr> </table> <p style="text-align: center;">▽ If an offer (○) can be issued as shown in the above example, the offer will be as follows depending on each selection condition</p> <table border="1" style="margin: auto;"> <tr> <th rowspan="2">Desirable condition</th> <th colspan="2">Example 1 Offered facility</th> <th colspan="2">Example 2 Offered facility</th> <th colspan="2">Example 3 Offered facility</th> </tr> <tr> <th>Older child</th> <th>Younger child</th> <th>Older child</th> <th>Younger child</th> <th>Older child</th> <th>Younger child</th> </tr> <tr> <td>①</td> <td>Third choice</td> <td>Third choice</td> <td>No offer</td> <td>No offer</td> <td>No offer</td> <td>No offer</td> </tr> <tr> <td>②</td> <td>Third choice</td> <td>Third choice</td> <td>First choice</td> <td>Second choice</td> <td>No offer</td> <td>No offer</td> </tr> <tr> <td>③</td> <td>First choice</td> <td>Second choice</td> <td>First choice</td> <td>Second choice</td> <td>No offer</td> <td>No offer</td> </tr> <tr> <td>④</td> <td>Third choice</td> <td>Third choice</td> <td>First choice</td> <td>Second choice</td> <td>No offer</td> <td>Second choice</td> </tr> <tr> <td>⑤</td> <td>First choice</td> <td>Second choice</td> <td>First choice</td> <td>Second choice</td> <td>No offer</td> <td>Second choice</td> </tr> </table>		Example 1		Example 2		Example 3		Older child	Younger child	Older child	Younger child	Older child	Younger child	First choice	○	×	○	×	×	×	Second choice	×	○	×	○	×	○	Third choice	○	○	×	○	×	○	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
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Child Health Declaration

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

Record of Delivery	Delivery Type: Natural / Caesarean section Vacuum extraction / Asphyxia	Length of Pregnancy: _____ weeks _____ days Weight: _____ g If he/she is a low-birth-weight baby (less than 2500g), does he/she see a doctor regularly? Yes / No		
	Irregularities at Birth: Yes / No (Illness: _____)	Yes / No		
Health Status	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: _____) 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)				
Develop mental status	Please fill in the blanks or circle the appropriate response.			
	Holds his/her head upright (_____ month) Turns over (_____ month) Sits up (_____ month) Crawls (_____ month) Stands (_____ month) Walks (_____ month)		0, 1 years-old class	2,3,4,5, years-old class
	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.