Kobe City After-School Children's Club Membership Application Form for 2024

MM/DD/YYYY

To the Mayor of Kobe

- * After carefully reading "Kobe City After-school Children's Club Membership Guide", I agree to its contents and hereby apply for membership in the club as follows.
- * If I continue to default on the usage fee without justifiable grounds, I agree that I may withdraw in the middle of the fiscal year.
- * If the mail is returned, I agree to confirm the resident registration and the alien registration information.

| | | 11) 0 4 | i mave me | altiple children joinin | g, piease en | ter the same re | presentativ | e guardian or | each app | piication form. | |
|---|---|---|---|---|-------------------------------|--|---|------------------|--|---|--|
| Parents | Furigana | (F: il.,) | (Circum manus) | | | | Telephone Number (Daytime Contact) | | | | |
| | Name of the Parent | (Family name) | | (Given name) | | Telepho | Telephone Type | | Mobile Phone / Workplace | | |
| | Postal Code | | F | Relationship with the Child | | Date o | Date of Birth | | MM/DD/YYYY | | |
| | Address | | | | -1 | ku, Kobe (| City | | | | |
| Child Who Wishes to Join | Furigana | | Date | | | | | | | ☐ Male | |
| | Name of the Child | (Family name) | (Given name) | | of Birth | Month | | ay, Yea | sex | ☐ Female | |
| | Nursery/Kindergarten | | | | | | Telepho | one | | | |
| | Name (Preschool Situation) | ☐ Nursery ☐ Kinderg | Number Certified Childcare Center Other | | | | er | | | | |
| | School to Be Enrolled or School Name (Note) | #grade of the year of use. [] Grade at Elementary School | | | | | | | | | |
| | After-school Children's Club Where You Want to Join | ☐ Children's center ☐ Children's house branch office ☐ After-school care corner ☐ After-school care corner branch office | | | | | | | | | |
| | | | | | | | | | | | |
| State | Names of F | Family Members usiness Bachelors) | Relation ship | Date of Birth | Workpla | ace, etc. | Геlephon | e Number | Telep | hone Type | |
| State of Far O | Names of F | - | | Date of Birth MM/DD/YYYY | Workpla | ace, etc. | Telephon | e Number | | /orkplace | |
| State of Family M Other T | Names of F | - | | Date of Birth | Workpla | ace, etc. | Геlephon | e Number | Home/W Mobile F | Vorkplace Phone Vorkplace | |
| State of Family Membe Other Than th | Names of F | - | | MM/DD/YYYY | Workpla | ace, etc. | Telephon | e Number | Home/W Mobile F Home/W Mobile F | Vorkplace Phone Vorkplace Phone Vorkplace | |
| State of Family Members Livi Other Than the Pers | Names of F | - | | MM/DD/YYYY MM/DD/YYYY | Workpla | ace, etc. | Геlephon | e Number | Home/W Mobile F Home/W Mobile F Home/W Mobile F | Vorkplace Phone Vorkplace Phone Vorkplace Phone Vorkplace Vorkplace | |
| State of Family Members Living To Other Than the Person | Names of F | - | | MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY | Workpla | ace, etc. | Telephon | e Number | Home/W Mobile F Home/W Mobile F Home/W Mobile F Home/W | Vorkplace Phone Vorkplace Phone Vorkplace Phone Vorkplace Phone Vorkplace Phone Vorkplace | |
| State of Family Members Living Together Other Than the Person | Names of F | - | | MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY | Workpla | ace, etc. | Telephon | e Number | Home/W Mobile F Home/W Mobile F Home/W Mobile F Home/W Mobile F Home/W | Vorkplace Phone Vorkplace | |
| State of Family Members Living Together Other Than the Person | Names of F (Including Bu | - | ship | MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY | | ltiple choic | | | Home/W Mobile F Home/W Mobile F Home/W Mobile F Home/W Mobile F Home/W Mobile F | Vorkplace Phone Vorkplace | |
| | Names of F (Including Bu | isiness Bachelors) | ship | MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY tte of the parents |) * Mu | | e allowed | 1 | Home/W Mobile F Home/W Mobile F Home/W Mobile F Home/W Mobile F Home/W Mobile F | Vorkplace Phone | |
| | Names of F (Including Bu | or applying for membersh | ship | MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY tte of the parents |) * Mu | Itiple choic | e allowed | 1 | Home/W Mobile F Home/W Mobile F Home/W Mobile F Home/W Mobile F Home/W Mobile F | Vorkplace Phone | |
| [| Names of F (Including Bu Enter the reason fo □Work □Nursing □ Do not use exter | or applying for membershing care for the sick or in Sion (until 5:00 p.m.) | ship nip (Sta | MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY tte of the parents |) * Mu Illness | ltiple choic □Materni) not go to pic | e allowed ty leave | l □Schoo | Home/W Mobile F Home/W Mobile F Home/W Mobile F Home/W Mobile F Home/W Mobile F | Vorkplace Phone Andance | |
| [| Names of F (Including Bu Enter the reason for Work □Nursing □ Do not use exter □ Take advantage 5:00 p.m. to 6:00 | or applying for membersh g care for the sick or in Sicon (until 5:00 p.m.) of the extension from 0 p.m. | nip (Stanjured/ Other (| MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY te of the parents the elderly |) * Mu Illness | ltiple choic □Materni) not go to pic | e allowed ty leave | l □Schoo | Home/W Mobile F Home/W Mobile F Home/W Mobile F Home/W Mobile F Home/W Mobile F | Vorkplace Phone Andance | |
| | Names of F (Including Bu Enter the reason for Work □Nursing □ Do not use exter □ Take advantage 5:00 p.m. to 6:00 | or applying for membersh g care for the sick or in | nip (Stanjured/ Other (| MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY tte of the parents (the elderly agent when the parents) | * Mu Illness arent canr | ltiple choic □Materni) not go to pic | e allowed ty leave ck the chi elationship the Child | Ild up by 1 with | Home/W Mobile F Home/W Mobile F Home/W Mobile F Home/W Mobile F Home/W Mobile F | Vorkplace Phone Vorkplace Vorkplace Phone Workplace Workplace Workplace | |

Please be sure to fill in the back side as well.

(Note) Please do not fill in the following fields.

| To be | The application above meets the enrollment requirements, and there | Planned start date of use | | |
|-----------|--|---------------------------|--|--|
| confirmed | is no problem in enrolling in this club. | | | |
| by the | | MM/DD/YYYY | | |
| manager | (Confirm by entering the aforementioned planned start date of use) | MADDITIT | | |
| | | | | |

| Emergency Contact | 1 | Name | | Relationship | | Telephone Number | [Home/Mobile Phone/Workplace] [Home/Mobile Phone/Workplace] | | |
|---|---|-----------------|--|--------------|------------------------|---------------------|---|--|--|
| | 2 | Name | | Relationship | | Telephone Number | ① [Home/Mobile Phone/Workplace] | | |
| | 3 | Name | | Relationship | | Telephone Number | [Home/Mobile Phone/Workplace] [Home/Mobile Phone/Workplace] [2] | | |
| | | | | | . 11 | | [Home/Mobile Phone/Workplace] | | |
| Situation of grandparents living near Kobe City | | Name | | Address | | | Telephone Number | | |
| | Fat S | Grandfa ther | | | | | | | |
| | Father's Side | Grandm other | | | | | | | |
| of gra ear K | M | Grandfa | | | | | | | |
| andpa | Mother's Side | ther Grandm | | | | | | | |
| itv | - | other | is field only if you live in th | e suburbs | of Kohe City And | if you live t | together or | | |
| S | | | icable person, please leave | | of Robe City. 7 and | ii you iive t | together of | | |
| | | 11 | 1 /1 | | | | | | |
| | | Prin | nary care doctor | 1 | | 2 | | | |
| Ω | | | Allergy | | | | | | |
| uld' | | Pre-e | xisting conditions | | | | | | |
| s he | Regarding enrollment in a special needs class (school) | | ☐ Enrolled | | | | | | |
| Child's health status | Types of people who have a disability certificate | | ☐ Identification booklet for the physically disabled ☐ Identification booklet for the mentally disabled ☐ Special education recordbook | | | | | | |
| atus | Other health matters | | | | | | | | |
| | | | | | | | | | |
| Notes | | | | | | | | | |
| 1 | | | prepare this application form | | | | | | |
| 2 | | | the children's center or after State of Family Members L | | | | | | |
| 2 | | | employment status, please | | | | | | |
| 3 | | | gement notifications for all p | | , | <i>.</i> | | | |
| 4 | | | on on the membership appli | | m is different from | the facts, w | e may refuse to join. | | |
| Requ | iremen | ts for jo | ining the Kobe City After- | -school Cl | nildren's Club (afte | er school-c | are for children) | | |
| | | - | ool students living in Kobe | • | | | | | |
| 2 | 2 Children in families where parents are employed or families equivalent thereto | | | | | | | | |
| 3 | Children from families without a guardian or someone equivalent to a guardian such as grandparents during the day(If there are people who are equivalent to parents, they cannot join). | | | | | | | | |
| | In principle, children who can come alone to the facility from school or home and return alone, and | | | | | | | | |
| 4 | | | e and eat alone | to the last. | nty from Seneer of 1 | ionio una re | ovain arone, and | | |
| Preca | utions | for Exte | ended Use (17:00 to 18:00 c | or 19:00) | | | | | |
| 1 | Limited to children in families where it is deemed necessary to extend childcare hours. | | | | | | | | |
| 2 | Please | be sure 1 | to pick up your child by the | end of the | extension. | | | | |
| 3 | If a pare | ent is una | ble to come to pick your child | up, an agen | t appointed in advance | e will come. | | | |
| | 4 Usage fees will apply even if you do not use the service. Even if you do not use it. | | | | | | | | |

Name of the Child [