

Application for Matsudo City After-school Kids Club

松戸市放課後児童クラブ利用申込書

DATE: Year /Month /Day

(To) Mayor of Matsudo City

Applicant's Information

Address	〒	Name of Parent/Guardian※	
Phone Number	Home ----- Mobile (Father) (Mother)	Email Address	

※Parent/Guardian stated here will be obligated to pay the After-school Kids Club usage fees.
If you are applying for a continuing use of the service, please fill-in the same person as the previous year.

I would like to apply for my child's use of the After-school Kids Club as follows

Name of the Club	After-school Kids Club	Start Date	Year /Month /Day	
Name of Student		Application Type	New · Continuing	
Date of Birth	Year / Month / Day	Gender	Male · Female	
Name of the School	Elementary School	Grade in FY 2024		
Health Condition (Allergies, etc.)				
Reason for Applying	<input type="checkbox"/> For employment <input type="checkbox"/> Other ()			
Members of the family (all that live together with the child)	Name	Relationship to the child	Date of Birth	Name of Company/School

I agree to the following terms and conditions and apply.
1. I will pay the After-school Kids Club fee by the due date.
2. I will abide by the rules, regulations, and the opening hours of the After-school Kids Club.

Office Use Only 以下クラブ・法人記入欄

受領日 年 月 日

○ Please read the "User Guide for Matsudo City After-school Kids Club" carefully before applying ○

Application for Matsudo City After-school Kids Club (SAMPLE)

松戸市放課後児童クラブ利用申込書 (記入例)

DATE: Year 20●● /Month 11 /Day 1

(To) Mayor of Matsudo City

Applicant's Information

If you are a continuing user, please enter the same applicant name as the previous year. (You can confirm the current "parent name" on the envelope of the notification letters, or by contacting the Family Assistance Div.)

Address	〒271-8588 387-5 Nemoto, Matsudo City	Name of Parent/Guardian※	Taro Kosodate
Phone Number	Home 047-366-7458 Mobile (Father) △△△ - △△△△- △△△△ (Mother) □□□-□□□□-□□□□	Email Address	mckosodateshien@city.matsudo.chiba.jp

※Parent/Guardian stated here will be obligated to pay the After-school Kids Club usage fees. If you are applying for a continuing use of the service, please

I would like to apply for my child's use of the After-school Kids Club

Enter April 1 of upcoming year to start at the beginning of the new school year

Name of the Club	Tonohiraga After-school Kids Club	Start Date	Year 20▲▲ /Month 4 /Day 1	
Name of Student	Ichiro Kosodate	Application Type	<input checked="" type="radio"/> New · <input type="radio"/> Continuing	
Date of Birth	Year 20■ ■ / Month ■ / Day ■	Gender	<input checked="" type="radio"/> Male · <input type="radio"/> Female	
Name of the School	Tonohiraga Elementary School	Grade	1st grade	
Health Condition (Allergies, etc.)	Egg allergy	New : Applying for the first time Continuing: Used/using the club		
Reason for Applying	<input checked="" type="checkbox"/> For employment <input type="checkbox"/> Other ()			
Members of the family (all that live together with the child)	Name	Relationship to the child	Date of Birth	Name of Company/School
	Taro Kosodate	Father	19▲▼/ X / ▼	Matsudo City Hall
	Hanako Kosodate	Mother	19▲▼/ ▼/ X	◇◇◇ inc.
	Jiro Kosodate	Brother	20▼▼/ ○/ □	○○○ Nursery School

Describe any health conditions that requires attention

Relation to each family member described from the student's perspective

I agree to the following terms and conditions and apply.

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受領日 年 月 日

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