

Application for FY2024 'Certificate of Approved Classification for Education and Childcare' and Enrollment Facility-type Benefits / Community-type Childcare Benefits

Date (YYYY/MM/DD): _____

To the Mayor of Matsudo City

Please fill out BOTH SIDES

I hereby apply for nursery school benefits and nursery school enrollment for my child.

Address	Matsudo City,			
Address as of 1/1/2023	<input type="checkbox"/> Within Matsudo City <input type="checkbox"/> Other city ()	Address as of 1/1/2024	<input type="checkbox"/> Within Matsudo City <input type="checkbox"/> Other city ()	
Phone Number	(Home)	(Father)	(Mother)	
Names of parents/guardians	Name	Relation to child	Date of birth	(1st line) Occupation/School (2nd line) Individual "My Number"
			(YYYY/MM/DD)	
Name of the child		Gender	(YYYY/MM/DD)	Individual Number (My Number)
		M · F		
Applicant's need for childcare services (Check one)	<input type="checkbox"/> Yes Requesting childcare services at a nursery school due to parent/guardian employment or sickness, etc. (Also applicable if you are simultaneously applying for kindergartens, etc.) <input type="checkbox"/> No Planning to attend a kindergarten, etc. (Not applying for nursery school childcare services at this time)			

<Information regarding members of the household>

People who live the same household (that are not mentioned above)	Name	Relation to child	Date of birth	Occupation/School
			(YYYY/MM/DD)	

<Desired childcare period and nursery school preferences>

※ Please see page 18 through 23 of the "Guide", or scan the QR code on the bottom-right of this sheet in order to fill the facility name and number precisely.

Period that childcare services are needed	From (YYYY/MM/DD) to (YYYY/MM/DD)					
Names of the nursery schools you wish to apply to	Name	No.	Visit	Name	No.	Visit
	1st choice		Done / Not yet	5th choice		Done / Not yet
	2nd choice		Done / Not yet	6th choice		Done / Not yet
	3rd choice		Done / Not yet	7th choice		Done / Not yet
	4th choice		Done / Not yet	8th choice		Done / Not yet

※If you have more than 8 preferences, please write all additional details on a separate A4-size piece of paper

※If you are simultaneously applying for nursery schools in Matsudo and nursery schools in other cities, you will need to submit one application form for each municipality.

※Even after your desired month of the start of childcare, we will continue to adjust the admission during the same fiscal year (until March 2024).

List of facility name & No.



	※Check all applicable boxes	
	Father	Mother
Applicant's reason(s)	<input type="checkbox"/> Employment	<input type="checkbox"/> Employment
	<input type="checkbox"/> Job-seeking	<input type="checkbox"/> Job-seeking
	<input type="checkbox"/> Sickness, Disability	<input type="checkbox"/> Sickness, Disability
	<input type="checkbox"/> Providing nursing/long-term care for a family member	<input type="checkbox"/> Providing nursing/long-term care for a family member
	<input type="checkbox"/> Schooling (incl. job-training)	<input type="checkbox"/> Schooling (incl. job-training)
	<input type="checkbox"/> Recovering after a disaster	<input type="checkbox"/> Recovering after a disaster
	<input type="checkbox"/> Not living together	<input type="checkbox"/> Not living together
	<input type="checkbox"/> Other ()	<input type="checkbox"/> Other ()
Days & Hours of request	Weekdays	Hours required
	M · T · W · Th · F	: ~ :
Saturday childcare	Yes · No	: ~ :

※Please note that nursery school hours are shorter on Saturdays.

※ I hereby acknowledge that the City may access my personal details (such as my 'Citizen's Tax Record', status re. the 'Receipt of Public Assistance/Child-rearing Allowance', and 'Disability Certificate' status, etc.) for the purpose of coordinating my use of childcare services and settling any late payments of childcare fees, etc. using my Individual "My Number".

I also agree to share necessary information (such as the amount and breakdown of any late payment, place of work, income, bank account, etc.) with the relevant department in order to recover any outstanding or unpaid childcare fees, etc.

Guardians' signatures (in print) ※Required		
Year	/ Month	/ Day
Father: _____		Mother: _____

Please check below for the necessary documents before submitting application
【Checklist for the Guardian】

Please check in the box

Necessary application documentation	✓
① Identification documents (i.e. My Number Card, etc.) ※Please refer to page 6 of "FY2024 Guide to Nursery School Admissions" 1.Documents to prove My Number 2.Documents to prove identity	<input type="checkbox"/>
② Application for 'Certificate of Approved Classification for Education and Childcare' and Enrollment Facility-type Benefit / Community-type Childcare Benefit (This form <FORM1>) ※One form is required for each child applying	<input type="checkbox"/>
③ Family Background Report <FORM2> ※One form is required for each child applying	<input type="checkbox"/>
④ Child's Health Report <FORM3> ※One form is required for each child applying	<input type="checkbox"/>
⑤ Terms of Agreement for Admission to Nursery Schools, Small-scale Childcare Services, and Centers for Early Childhood Education and Care <FORM4>	<input type="checkbox"/>
⑥ Agreement Regarding Admission to Nursery Schools, etc. <FORM5>	<input type="checkbox"/>
⑦ Documentation proving the need for childcare assistance (Required for all adults 18-65 years who reside in the same household) ※Please refer to page 3 of "FY2024 Guide to Nursery School Admissions"	<input type="checkbox"/>
Documentation required dependent upon personal circumstances	✓
Please refer to page 4 through 5 of "FY2024 Guide to Nursery School Admissions"	<input type="checkbox"/>

Application for FY2024 'Certificate of Approved Classification for Education and Childcare' and Enrollment Facility-type Benefits / Community-type Childcare Benefits

Date (YYYY/MM/DD): **2023/11/01**

To the Mayor of Matsudo City

Please fill out BOTH SIDES

I hereby apply for nursery school benefits and nursery school enrollment for my child.

Address	Matsudo City, Nemoto 387-5		
Address as of 1/1/2023	<input type="checkbox"/> Within Matsudo City <input checked="" type="checkbox"/> Other city (〇〇 City)	Address as of 1/1/2024	<input checked="" type="checkbox"/> Within Matsudo City <input type="checkbox"/> Other city ()
Phone Number	(Home) 047-123-4567 (Father) 090-1234-5678 (Mother) 090-1234-5678		
Names of parents/guardians	Name	Relation to child	Date of birth (YYYY/MM/DD)
	Taro Matsudo	Father	1986/01/01 Office Worker 1 2 3 4 5 6 7 8 4 3 2 1
Name of the child	Hanae Matsudo	Mother	1987/02/01 Office Worker 5 6 7 8 9 1 2 3 4 5 6 7
	Hanako Matsudo	Gender M・♀	2019/04/02 Individual Number (My Number) 9 8 7 6 5 4 3 1 0 8 7 6
Applicant's need for childcare services (Check one)	<input checked="" type="checkbox"/> Yes Requesting childcare services at a nursery school due to parent/guardian employment or sickness, etc. (Also applicable if you are simultaneously applying for kindergartens, etc.) <input type="checkbox"/> No Planning to attend a kindergarten, etc. (Not applying for nursery school childcare services at this time)		

<Information regarding members of the household>

People who live the same household (that are not mentioned above)	Name	Relation to child	Date of birth	Occupation/School
	Jiro Matsudo	Brother	2015/05/01 (YYYY/MM/DD)	Matsudo Elementary School 3rd Grade
	Matsuko Nemoto	Grand Mother	1956/03/01 (YYYY/MM/DD)	Unemployed
			(YYYY/MM/DD)	
			(YYYY/MM/DD)	
			(YYYY/MM/DD)	

<Desired childcare period and nursery school preferences>

※ Please see page 18 through 23 of the "Guide", or scan the QR code on the bottom-right of this sheet in order to fill the facility name and number precisely.

Period that childcare services are needed	From (YYYY/MM/DD) 2024/4/1 to (YYYY/MM/DD)					
Names of the nursery schools you wish to apply to	Name	No.	Visit	Name	No.	Visit
	1st choice Kitamatsudo Hoikusho	1	Done/Not yet	5th choice Hoikushitsu	<input type="checkbox"/>	Done/Not yet
	2nd choice Koganehara Hoikusho	4	Done/Not yet	6th choice Hoikuen	<input checked="" type="checkbox"/>	Done/Not yet
	3rd choice Hoikuen	△△	Done/Not yet	7th choice Room	<input type="checkbox"/>	Done/Not yet
4th choice Hoiku Room	☆☆	Done/Not yet	8th choice Hoikuen	<input checked="" type="checkbox"/>	Done/Not yet	

※If you have more than 8 preferences, please write all additional details on a separate A4-size piece of paper
 ※If you are simultaneously applying for nursery schools in Matsudo and nursery schools in other cities, you will need to submit one application form for each municipality.
 ※Even after your desired month of the start of childcare, we will continue to adjust the admission during the same fiscal year (until March 2024).

List of facility name & No.



Family Background Report

< Form 2:様式2 >

1) Current childcare situation

- Either the mother or father, who is currently seeking employment, takes care of the child
- Either the mother or father, who is on a parental leave, takes care of the child
Planned return-to-work date (YYYY/MM/DD) - _____
- Either parent brings along their child when they go to work (outside of home)
- Grandparents, other relatives, or acquaintances take care of the child
- Either parent takes care of their child while self-employed or working from home
- Using a kindergarten, non-registered or employer-provided childcare facility
Name of the facility _____
Since when (YYYY/MM/DD) - _____
Days in use (days per week / days per month)
Hours in use (From _____ : _____ to _____ : _____)
- Other (_____)

2) Is the mother currently pregnant?

※If you are pregnant, you may be subject to "childbirth requirements" (childcare enrollment within 2 months before and after the month of delivery only)

- Yes No
- ↳ Estimated date of delivery (YYYY/MM/DD) - _____
- ↳ Pregnant with multiples? Yes No

3) Grandparents' situation

		Name	Age	Address (if different to the child)	Live together		Other		Employed
Paternal	Grand-father				Yes	No	Deceased	Cannot contact	Y / N
	Grand-mother				Yes	No	Deceased	Cannot contact	Y / N
Maternal	Grand-father				Yes	No	Deceased	Cannot contact	Y / N
	Grand-mother				Yes	No	Deceased	Cannot contact	Y / N

※The grandparents/any relatives who are under the age of 65 and live in the same household (or live on the same premises) as the child must also submit documentation to prove their reasons for requiring childcare services, just as the parents. If this is not received, the childcare support at home will be considered available.

4) Commuting time and method of transportation

Father	hr(s). and min./each way	Train · Bus · Car · Motorcycle · Bicycle · On foot
	(Route) The house →	
Mother	hr(s). and min./each way	Train · Bus · Car · Motorcycle · Bicycle · On foot
	(Route) The house →	
Example	(Route) The house → Bicycle → JR Matsudo sta. → JR Shinmatsudo sta. → On foot → Office	

5) The primary person who will drop-off/pick-up the child at nursery school

Father · Mother · Grandfather · Grandmother · Other(_____)
--

6) In the case that admission is not granted

- The mother or the father will take care of the child
- Extension of parental leave (until / /)
- Grandparents, other relatives, or acquaintances will take care of the child
- The mother / father will take the child to work
- Other (_____)

7) In the case of applying simultaneously with another child (brothers/sisters)

- ① If admission is not granted for all the children
- Wish to enroll even if only the child on this application is admitted
※Note: that child still needs to meet childcare requirements
 - Do not wish to enroll unless all the children are admitted
- ② If admission is granted for all the children
- Wish to enroll in the facility that is high on my list of choices even if the siblings are put in different facilities
 - Wish to enroll all the children in the same facility, even if the facility is further down in my list
※Checking this does not promise they will be in the same facility
 - Do not wish to enroll unless all the children can be in the same facility

8) Do you plan to extend your parental leave period?

Yes No

 If you answered "Yes",
the date you really wish to start childcare is (YYYY/MM/DD) _____ / To be determined

- ※ Leave this section blank if you would like your application to be assessed as a regular application.
- ※ Please contact us before the deadline if you change the desired starting date.
- ※ **You will need to re-submit the application** in case your desired start date of childcare is later than next April (new fiscal year).

CHILD'S HEALTH REPORT <FORM 3 : 様式3>

Fill-in Date: / /

Name of the child : _____ year(s) and _____ months old (as of fill-in date)

Date of birth : / /

Please be sure to provide accurate and detailed information about your child's health status, as this information is very important for the admission process. Admission may be revoked if it is found that the information on the application is insufficient, untrue or falsified.

⇒ I agree (Please check if you agree)

※Please contact the Nursery School Admissions Office (047-366-7351) anytime if there are any changes to your child's health condition

Place a check next to all applicable items and provide specifics in parentheses () for the following.

Birth Condition	Condition at birth	<input type="checkbox"/> Normal <input type="checkbox"/> Premature <input type="checkbox"/> Incubation <input type="checkbox"/> Asphyxia <input type="checkbox"/> Other ()		
	•Weight at birth()g •Current weight()kg & height ()cm			
	•Gestation period()weeks •Baby's condition	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal⇒Diagnosis ()		
Health Condition	Type of nutrition	<input type="checkbox"/> Breast milk <input type="checkbox"/> Mix <input type="checkbox"/> Baby formula <input type="checkbox"/> Baby food (times/day: stage 1•2•3) <input type="checkbox"/> Regular food		
	Health checkups received	<input type="checkbox"/> 1 mo. <input type="checkbox"/> 3-4mo. <input type="checkbox"/> 6-7mo. <input type="checkbox"/> 9-10mo. <input type="checkbox"/> 1yr. <input type="checkbox"/> 18mo. <input type="checkbox"/> 3yr.		
	Record of health checkups	<input type="checkbox"/> No <input type="checkbox"/> Point noted/observation-needed problem ()		
	Any congenital/chronic diseases, or developmental counseling	<input type="checkbox"/> No	<input type="checkbox"/> Yes ⇒ Why? () Name of medical facility () Treatment receiving () Medication (<input type="checkbox"/> Yes <input type="checkbox"/> No), Frequency (times/week•month•year)	
	Any major illnesses or injuries	<input type="checkbox"/> No	<input type="checkbox"/> Yes ⇒ When? (at yr, mo. old) Disease/injury name () Name of medical facility ()	
	When was the first time your child was able to do these actions?	•Held his/her head steady (at mo. old / not yet) •Sat without support (at mo. old / not yet) •Crawling (at mo. old / not yet) •Pulled him/her-self up (at mo. old / not yet) •Walking (at mo. old / not yet)		
	Any allergies, etc.	<input type="checkbox"/> No	<input type="checkbox"/> Food (Food allergen:) <input type="checkbox"/> Asthma <input type="checkbox"/> Atopy <input type="checkbox"/> Other () Past anaphylactic shocks (at yr, mo. old), most recent one (when?)	
	Any convulsions or seizures	<input type="checkbox"/> No	<input type="checkbox"/> Yes ⇒ (times), (at yr. mo. old), Cause ()	
Immunizations	Hold a Disability or Rehabilitation Certificate, etc.	<input type="checkbox"/> No	<input type="checkbox"/> Yes ⇒ <input type="checkbox"/> Physical <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Mental Disability grade ()	
	Check box for completed vaccinations <input type="checkbox"/> Hib (Haemophilis Influenzae type B) <input type="checkbox"/> Infant Pneumococcus <input type="checkbox"/> Rota <input type="checkbox"/> DPT-IPV(Diphtheria-Pertussis-Tetanus-Imovax Polio) <input type="checkbox"/> Japanese Encephalitis 1st term <input type="checkbox"/> Hepatitis B <input type="checkbox"/> BCG <input type="checkbox"/> Chicken Pox <input type="checkbox"/> MR (Measles & Rubella) 1st term <input type="checkbox"/> Mumps <input type="checkbox"/> MR (Measles & Rubella) 2nd term			
Development	Circle Yes or No for each point below to answer whether it applies to your child		0 - 1 yr old graders	2- 5 yr. old graders
	① Does your child laugh out loud?		Yes•No	Yes•No
	② Does your child respond or look around when called?		Yes•No	Yes•No
	③ Does your child point to the thing he/she wants?		Yes•No	Yes•No
	④ Does your child understand simple words (i.e. "come here" and "give me", etc.) from the adults?		Yes•No	Yes•No
	⑤ Does your child talk some words with senses? (i.e. "mommy" and "yum-yum", etc.)		Yes•No	Yes•No
	⑥ Does your child use (or try to use) a spoon/chopsticks to feed him/her-self?		Yes•No	Yes•No
	⑦ Can your child understand and follow simple commands, such as "get me ○○", etc.?		Yes•No	Yes•No
	⑧ Does your child speak 2-word sentences? (i.e. "Puppy came" and "I'm hungry", etc.)		Yes•No	Yes•No
	⑨ Has your child troubled you with his/her stubbornness, tantrums, and/or screams?		No•Yes	No•Yes
	⑩ Do you have any concerns for your child upon spending time in a group living?		No•Yes	No•Yes
	⑪ Does your child tell (or try to tell) you what they have experienced?			Yes•No
	⑫ Can your child play following rules and keeping promises?			Yes•No
⑬ Has your child troubled you because he/she is restless, moving around and cannot stay in one place, forcing you to keep an eye on them constantly?			No•Yes	
※ If you answered "Yes" to any of ⑨, ⑩, and/or ⑬ above, please describe in detail.				

※Depending on your child's situation, we may also ask you to submit a Child Health Questionnaire (Form 3-2)

**Terms and Agreement for Admission to Nursery Schools, Small-scale Childcare Services,
and Centers for Early Childhood Education and Care** <FORM 4: 様式4>

I hereby acknowledge that I have read and understood the terms listed below. (Check each box on the right)

1 Admission to/Transfer of Nursery Schools (1) Terms of application for nursery school admission		<input checked="" type="checkbox"/>
1	Please check with the desired facility beforehand to understand the contents of their childcare, what expenses they directly collect and which methods of drop-off/pick-up (i.e. car, bicycle, on foot) are allowed, etc. at that facility.	<input type="checkbox"/>
2	You must submit all required documentation by the designated due date, otherwise the application may not be reviewed for admission. Applications must be submitted every fiscal year.	<input type="checkbox"/>
3	The admissions office is to be informed immediately of any changes to the details (e.g. your reasons for requiring childcare, address, family/employment situation, and health condition, etc.) provided in the admissions application. Admissions approval, and the Certificate of Approved Classification for Education and Childcare, may be revoked if the information provided in the application is found to differ from your actual circumstances. In particular, if your reasons for requiring childcare have changed since the time of application (e.g. if you quit your job or if your certificate of residence has been transferred) your application will be re-examined.	<input type="checkbox"/>
4	Requesting support for childcare on the grounds of pregnancy is limited to the period of 2 months before and after the expected month of birth (a maximum of 5 months). A separate application procedure is required to apply for nursery school admissions after this period, even in the case that childcare support is still required.	<input type="checkbox"/>
5	When applying for a nursery school while on parental leave, please note that you are required to return to your previous workplace by the first business day of the month following your child's admission. You must submit a Certificate of Reinstatement promptly after going back to work. If you retire without returning to work after taking parental leave or if your post-leave work style differs from your pre-leave work style, your case will not be considered for reinstatement. In those cases, your child may be withdrawn from the nursery school or your admissions approval may	<input type="checkbox"/>
6	Your application will continue to be examined each month during the same fiscal year.	<input type="checkbox"/>
7	Your child is not allowed to return to the original nursery school once a provisional decision for a transfer is given. If the transfer is no longer necessary, please be sure to cancel the application.	<input type="checkbox"/>
8	Be sure to inform us of your child's health conditions (speech/behavioral development, allergy, and illness under treatment, etc.), of whether or not you possess a Certificate of Physical Disability, etc., and of any medical care necessities, etc., truthfully when submitting the application. Inform the childcare facility as well when visiting for a facility tour.	<input type="checkbox"/>

1 Admission to/Transfer of Nursery Schools (2) Terms to note after nursery school admission		
1	You must submit a Notice of Change document if there have been any changes to the information provided in the initial application documents. If your reasons for childcare support or the hours for which you require childcare have changed, submission of a Notification of Education and Childcare Grant Approval Change is required. Information on the application documents, including the household situation and health conditions are to be shared between the city and the facility.	<input type="checkbox"/>
2	Your child will be withdrawn from the nursery school if there are no longer any substantial grounds for receiving childcare support.	<input type="checkbox"/>
3	Temporary leave from a childcare facility is allowed for up to 2 months from the first day of absence. In principle, nursery school fees will be charged even during this time of leave.	<input type="checkbox"/>
4	You must follow the guidelines that each facility has established, and submit all necessary documentation by the set due date. Your child may be asked to leave the facility if any rules are not observed.	<input type="checkbox"/>
5	If your reason for requesting childcare services at a nursery school is "currently seeking employment," your child will be withdrawn from the nursery school at the end of the third month. Your child can continue to use the nursery school only if there is a legitimate reason for requiring childcare, such as if the caregiver receives an informal job offer, etc., and necessary documents to support this claim can be confirmed. If those documents are not submitted by the end of the second month of the job-seeking period, your childcare services eligibility will be lost.	<input type="checkbox"/>
6	Your child may be forced to leave the nursery school if unreasonable demands are continuously made (of which are deemed to interfere with school management).	<input type="checkbox"/>

1 Admission to/Transfer of Nursery School (3) Terms regarding childcare fees after nursery school admission		
1	Childcare fees, etc. are calculated according to the taxes paid by the child's household. In the case that the parents are divorced but living in the same household, or live separately but still maintain rights to custody, the tax amounts of both parents will be combined when calculating childcare fees. In the case that the parents are exempt from taxation, childcare fees may be calculated according to the sum of the tax paid by the child's grandparents.	<input type="checkbox"/>
2	In principle, childcare fees are not charged retroactively beyond the fiscal year. However, changes in your household taxes, employment condition, or household situation, etc. within a fiscal year will require an adjustment of childcare fees, so please notify us immediately of any such changes.	<input type="checkbox"/>
3	Late charges may be incurred if childcare fee payments are delayed. Regardless of the amount of money owed, if no payment is received even after the issuance of a Letter of Reminder and a Letter of Demand, your property may be seized to settle the outstanding payment. Please note that fee payment information is shared with the relevant organizations and department.	<input type="checkbox"/>

2 Terms Regarding Your Child's Health (1) After applying for/admission to a nursery school		
1	Depending on the child's health condition, a review meeting may be held to determine whether or not the child can be admitted. Please note that the city may request you submit a medical certificate, etc. (the applicant will be responsible for any fees incurred) issued by your child's home-doctor stating it is possible for the child to be cared for in group childcare.	<input type="checkbox"/>
2	Your application will not be accepted if there are inconsistencies between the child's health information provided at the point of application and the doctor's medical statement (including instructions for the medical care).	<input type="checkbox"/>
3	You must notify the admission office when there are significant changes in your child's health. An offer of admission may be revoked if your child's health condition is deemed unsuitable for the group nursing environment. If it is determined that group childcare is difficult due to changes in the child's health after admission, the child may be withdrawn from the center and/or transferred to another facility.	<input type="checkbox"/>
4	Each nursery school, etc. has policies regarding health and the prevention of illness in the group nursing environment. In the case that a guardian does not observe these policies, the nursery school may decline their child's admission.	<input type="checkbox"/>

2 Terms Regarding Your Child's Health (2) Sharing of information		
1	There are cases where the city must contact a related medical institution (attending doctor) and/or a public health nurse, etc., if the city needs to learn more about the child's health conditions, such as for reviewing the conditions of a disease or contents of medical treatment, etc. for admission assessment and for childcare after admission.	<input type="checkbox"/>
2	If the child regularly visits a facility other than the nursery school, etc. such as a Child Development Center, etc., the city may contact said facility directly as needed to inquire how the child is doing there.	<input type="checkbox"/>
3	There may be cases where the child and the parent will be asked to hold an interview with the city official to discuss the child's health condition in-person before the admission assessment.	<input type="checkbox"/>
4	After making a request for a facility transfer, the city may contact your child's former childcare facility to share his/her health history and childcare situations, etc. with the new facility.	<input type="checkbox"/>

I hereby request the matters below. (Check each box on the right)

3 Agreement and Application for Regarding Non-payment of Childcare Fees (Allocating the Child Allowance received from the Mayor of Matsudo for non-payment of childcare fees)		
1	In the event that the childcare fee, extended childcare fee, school lunch fee and other actual expenses are unpaid or have been paid overdue, I request to pay for these expenses on the provision date of Child Allowance, with the full amount of the Child Allowance received from the Mayor of Matsudo City, based on this application form, until full payment is made. (Pursuant to the provisions of Article 21 paragraph 1 and 2 of the	<input type="checkbox"/>
2	In accordance with the above request, I agree to use the Child Allowance to be received from the Mayor of Matsudo City to pay for unpaid childcare fees, etc., in the following order: (1) school lunch fees, (2) actual expenses (i.e. event fees, etc.), (3) extended childcare fees, (4) childcare fees, and (5) various overdue charges. (Pursuant to Article 490 of the Civil Code)	<input type="checkbox"/>

Address _____

Year _____ Month _____ Day _____ Parent's Name (Father) _____ Parent's Name (Mother) _____

ATT: Parents/guardians

Matsudo City, Child Services Dept.,
Director General of Childcare Div.

Regarding
“Agreement Regarding Admission to Nursery Schools, etc.”

Matsudo City requires all parents/guardians to agree to and sign the "Form 5: Agreement Regarding Admission to Nursery Schools, etc." after thoroughly reading the information below, and with this consent, we will offer you guidance to the nursery schools, etc.

A copy of this agreement will be forwarded to the nursery school for their records, and the failure to uphold the stipulated terms may be cause for revoking admission.

(1) Handling of contagious diseases / infections at nursery schools

Nursery schools are group-nursing facilities that differ from the at-home nursing environment. As the symptoms of an infection can vary between children, what presents as a slight fever or a small rash in one child could result in serious symptoms if it were to spread to another. Please be aware that a nursery school may refuse attendance to your child during times of ill health. We request your understanding and cooperation in this matter.

(2) Emergency contacts and punctuality at nursery schools

Nursery schools provide extended hours of childcare when necessary, only within the time periods set as either ‘Standard Hours’ or ‘Short Hours’. Applications for extended childcare hours are considered based on the hours that childcare support is deemed necessary, determined after assessing each parent/guardian’s total sum of working and commuting hours.

Therefore, we ask for your cooperation in adhering to the necessary childcare hours, and in particular, we ask that you pick up your child strictly by the time that was declared in the application documents, based on the concept that "no childcare will be provided at nursery schools after the time you have applied for.

We also ask for your cooperation in establishing an emergency contact system so that we can contact you promptly in case of an emergency.

※ The back of this sheet is a consent form. Please read carefully and check each item if you agree, then fill in the name of the child applying, his/her date of birth, and the name of the parent/guardian.

Agreement Regarding Admission to Nursery Schools, etc.

I hereby acknowledge that I have read and understood the terms stipulated below for the admission of my child to the nursery school

【Agreement re. the handling of contagious diseases/infections at nursery schools】

- In the case that my child is diagnosed with an infection, I will report it to the nursery school promptly.
- In the case that a family member of my child is diagnosed with an infection, I will report to the nursery school promptly.
- In the case that a family member who lives in the same household as my child is diagnosed with an infection, I will make every effort to take care of my child at home.
- In the case that a sibling of my child is diagnosed with an infection, I will make every effort to take care of the children at home.
- A family member of my child who is diagnosed with an infection will refrain from dropping them off /picking them up at the nursery school.
- I will consider home-nursing my child if an infection is prevalent at the nursery school, even if they are in good health.
- In the case that my child has just recovered from an infection, I will take them to the doctor to receive a certificate to attend nursery school (after the minimum period of time as dictated by the guidelines).
- In the case that there is an outbreak of an infectious disease at the nursery school or in the community, or if the public health center announced the alert for an infectious disease for which my child has not been immunized (regular vaccination), he/she will refrain from attending.

【Agreement re. emergency contacts and punctuality at nursery schools】

- Upon my child's admittance to nursery school, I will provide my contact number and details regarding my location during childcare hours.
- In the case that I am in a different location to the one stated in the original paperwork (for a business trip, etc.), I will advise the nursery school beforehand as to where I will be and how they can contact me.
- I will provide details of a second and third contact person, so as to ensure that someone is able to pick up my child(ren) if I cannot be contacted.
- I will pick up my child(ren) within the time period declared in the application documents.

Year_____ Month_____ Day_____

Name of the Child

Date of Birth

Name of the Parent/Guardian

※Please check the boxes after reading and agreeing to the terms above.
※If you are applying for two or more children at the same time, please write their names and birthdates together.