Applicant's Information

(To)

Mayor of Matsudo City

/Month

/Day

## Application for Matsudo City After-school Kids Club

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

DATE: Year

Address =			Name of Parent/Guardian※								
Phone Number	Home Mobile (F	ather)		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 fo Name of the Club		or my child's use		er-school Kids Club as follows							
Name of Student		After-school Kids			Application Type		Year /Month /Day  New · Continuing				
Date of Birth		Year / Month / Day			Gender		Male · Female				
Name of the School		Elementary Sc		y School	Grade in FY 2024	4					
Health Condition (Allergies, etc.)											
Reason for Applying		□For employment □Other ( )									
Members of the family (all that live together with the child)		Name	Relationship to the child	Date of Birth		Name of Company/School/Childcare Facility					
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 受領者名				

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

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

(T)		-·			DATE: Year	20 <b>00</b> /Month 1	1 /Day 1				
(To) Mayor of	If you a				same applicant name nt name" on the er						
Applicant's Infor		notifica	ation letters, or	by conta	acting the Plac	es for Children & You	uth Div. )				
Address		〒271-8588			lame of t/Guardian※	Taro Kosodate					
		87-5 Nemoto, Matsudo City			L/Guarulan 🛪						
Number		047-366-7464				mcibasho@city.matsudo.chiba.					
		(Father) △△△ - △△△- △△△			il Address						
	y the After-school Kic	ls Club usage fees									
	If you are	applying for a co			ice, plea	April 1 of upcoming					
I would like to	apply for	my child's us	se of the Aft	er-sch	the sector	eginning of the new					
Name of the Club		Tonohiraga	After-school k	Kids Club Start Da		e Year 20 A / Mon	th 4 /Day 1				
Name of Student		Ichiro Kosoda	ate		Application Type	Application Type · Con					
Date of Birth		ar <b>20■■</b> / Mo	nth 📕 / Day		Male •	Female					
Name of the So	chool	Tonohiraga	Elementary	INE	1st graph gr	ade					
Health Condition		Egg allergy		l/using the club							
(Allergies, etc.)		Describe any health conditions that requires attention									
Reason for App	lying	For employme	ent Oth	er (		Name	of )				
		Name	to the child	Date	of Birth	Company/School/Childcare Facility					
	Т	aro Kosodate	Father	19▲▼	<b>7</b> / X / ▽	Matsudo City Hall					
Members of the		anako Kosodate	e Mother		<b>V</b> / ∇/ X		♦♦♦♦ inc.				
(all that live toge	,	liro Kosodate	Brother	20 🔻	<b>V</b> / O/ $\square$	OOO Nursery School					
with the child)	)		Relation to	o each fa	ımily member e student's per	rspective					
			described		student's per	эрссичс					
	the After-so	chool Kids Club	o fee by the di	ue date		ter-school Kids Clu	ıb.				
		Office U	se Only 以下クラ	ラブ・法力	、記入欄 ——						
						受領日 年 受領者名	月日				