

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.)

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

※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

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|---|---|--|---|------------------------|
| 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.
 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

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| 受領日 年 月 日 |
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○ Please read the "User Guide for Matsudo City After-school Kids Club" carefully before applying ○