



FY 2025: ADMISSION GUIDE FOR PUBLIC AFTER-SCHOOL CHILDREN'S CLUB (*JIDO CLUB*)

After-School Childcare Section of the Childcare Program Division
Phone: 029-883-1111 (extension 1510-1512)

Provisional Translation

To promote the sound growth of children, Tsukuba City provides places to play and spend time after school for children whose parents/guardians are not at home during the day due to work or for other reasons.

Application for children's club admission in April 2025

You may apply for public children's clubs operated by Tsukuba City (including those managed by childcare service providers designated by the City) as follows.

A new application is required each school year. Even if your child is currently enrolled in an after-school children's club, you must reapply for them to continue in the same club.

(Fees, application period and procedures for private children's clubs vary depending on each facility, so please contact respective facility directly.)

◎ When to apply

Friday, December 6 2024 – Friday, January 17, 2025

- Admission is NOT on a first-come-first-served basis.
- Incomplete documents will generally not be reviewed. Please ensure that all required documents are included and that all fields are correctly filled out before submitting your application. Please also allow enough time to submit your application.

◎ How to apply

• Online application (available on a computer or smartphone)

Scan the two-dimensional code on the right or go to the official website of the City and click on the link which says 令和 7 年度放課後児童室(児童クラブ)入会申請 (FY2025 Application for After-School Children's Club) under the section of Online Application and Notification (電子申請・届出).

Online applications are accepted 24 hours a day.

Note 1: Please note that there may be system outages due to maintenance.

Note 2: You may apply online for April 2025 enrollment only (accepted until Friday, January 17, 2025.)



• In-person application

(Not accepted on Saturdays, Sundays, national holidays and from December 29 to January 3.)

● Where to apply

Applications are accepted at each children's center or children's club.

Note: Some children's clubs accept applications at a different location. Please find the details in page 6.

● When to apply

① Children's center and children's club: 8:30 am - closing time of each facility

② Children's Club at Shuho Tsukuba, Gakuenmori, Midorino Gakuen, Midorino Minami Elementary School, Katsuragi Elementary School, Kenkyugakuen Elementary School, and Katoridai Elementary School: 10:00 am – 7:00 pm

1. Application details

To apply for an after-school children's club, you must meet the following requirements of ① and ②.

- ① Your child is in an elementary school, or in the 1st to 6th grade of a compulsory education school or special education school, and is capable of adapting to a group setting. (If you have a child attending a private school outside the city and wish to enroll them in a children's club in the city, please contact the Childcare Program Division.)
- ② No adult in your household can look after your child after school due to one of the following reasons.

Reasons	Details	Required documents (Proof of being unable to look after your child during the day)
Work *1	You are an employee.	<input type="checkbox"/> Certificate of Employment (就労証明書 <i>Shuro Shomeisho</i>) Notes: 1. The certificate must be issued by your employer. 2. If you work in shift or under a discretionary work schedule with flexible hours, <u>you must also provide your shift schedule</u> . If you provide a schedule covering more than one month, we will assess it based on your average working hours.
	You are a sole proprietor or self-employed.	<input type="checkbox"/> Certificate of Employment (就労証明書 <i>Shuro Shomeisho</i>) Note: If you work for family business, tick the relevant option saying "engaged in family business". And one of the following documents (latest version): <input type="checkbox"/> Copy of Starting Business Notification Form (開業届 <i>Kaigyo Todoke</i>) <input type="checkbox"/> Copy of both page 1 and 2 of Tax Return (確定申告 <i>Kakutei Shinkoku</i>) <input type="checkbox"/> Municipal tax return from
Childbirth *2	You are on a maternity leave.	<input type="checkbox"/> Copy of your Maternal and Child Health Handbook (母子健康手帳 <i>Boshi Kenko Techo</i>) (Page showing parents' names and expected due date)
Illness/Disability *3	You have an illness, mental disability and/or physical disability.	One of the following documents: <input type="checkbox"/> Medical Certificate (of yourself) (診断書 本人 <i>Shindansho Honnin</i>) <input type="checkbox"/> Copy of a certificate including Physical Disability Certificate (身体障害者手帳 <i>Shintai Shogaisha Techo</i>), Rehabilitation Certificate (療育手帳 <i>Ryoiku Techo</i>), Mental Disability Certificate (精神障害者保険福祉手帳 <i>Seishin Shogaisha Hoken Hukushi Techo</i>) and Disability Pension Certificate (障害年金証書 <i>Shogai Nenkin Shosho</i>)
Caring for someone with illness/disability *3	You have cared for someone who has an illness, physical disability and/or mental disability for a long period of time.	<input type="checkbox"/> Form called <i>Kangoto Jokyo Shinkokusho</i> (看護等状況申告書) which shows the details of how you provide support And one of the following documents: <input type="checkbox"/> Medical Certificate (Nursing Care) (診断書 介護 <i>Shindansho Kaigo</i>) <input type="checkbox"/> Copy of Disability Certificate (障害者手帳 <i>Shogaisha Techo</i>) <input type="checkbox"/> Copy of Nursing Insurance Certificate (介護保険被保険者証 <i>Kaigo Hoken Hihokenshasho</i>)
Student *1	You study in a place other than your home (training at a vocational school included).	<input type="checkbox"/> Certificate of Enrollment (在学証明書 <i>Zaigaku Shomeisho</i>) <input type="checkbox"/> Curriculum

*1 You must meet the following conditions of A and B.

- A The total hours worked or attended an educational institution on the children's club's open days must be at least 48 hours per month (minimum 4 hours per day for 12 days), with some hours overlapping after-school time.**
- B On days when your child attends the children's club, you must be at work or at an educational institution for at least one hour between the time your child finishes school and the club's closing time.**

*2 If the application reason is childbirth, **your child can be enrolled in the after-school children's club starting from 6 weeks prior to the due date (14 weeks for pregnancy with twins or more) to the end of the month in which the next day of 8 full weeks after childbirth falls.** (You will not be able to send your child to an after-school children's club while you or your spouse is on a parental leave.) If you would like your child to continue attending the club after your maternity leave ends, you must provide proof of being unable to look after your child during the day, along with any other required documents, to the club.

(e.g.) If your baby is due on Tuesday, August 21, 2025, the registration period is from Thursday, July 10 which is 6 weeks before the due date to Friday, October 31, 2025 which is the last day of the month in which the next day of 8 full weeks after childbirth (Wednesday, October 17) falls.

***3 Your child will be accepted at the after-school children's club for the period specified in the certificate. If you need to extend this period, you must submit an updated certificate and any other required documents before the original period expires.**

Please note that due to the limited number of places available at after-school children's clubs, we will take all factors into consideration, including the child's grade level and the work situation of parents or guardians, before offering a place. We ask for your kind understanding.

2. Required documents

Incomplete documents will not be processed as a general rule. If you cannot provide required documents within the deadline, please contact the after-school children's club to which you are applying (see page 6 & 7).

Please also note that if there is any missing information, we may ask you to provide the document again. **We kindly ask you to check that there are no mistakes or missing information before you submit.**

● Required documents for all applications

- ① Application Form for After-school Children's Club (放課後児童室利用許可申請書 *Hokago Jidoshitsu Riyokyoka Shinseisho*)
- ② Child Health Questionnaire (児童健康状態等調査票 *Jido Kenko Jotaito Chosahyo*)
- ③ Questionnaire on Family Circumstances (家庭状況調査票 *Katei Jokyō Chosahyo*)
- ④ Childcare Questionnaire (児童状況調査票 *Jido Jokyō Chosahyo*)
- ⑤ Consent and Agreement Form for After-School Children's Club Application (放課後児童室の利用許可申請に関する同意書兼誓約書 *Hokago Jidoshitsu no Riyo Nyukai Shinsei ni Kansuru Doisho Ken Seiyakusho*)
- ⑥ Proof of being unable to look after your child during the day (See page 2)
 - ・ **You must provide proof for yourself, your spouse, and your parents (the child's grandparents) who are under 65 as of April 1, 2025, and reside with the child on the same premises. Proof is required for each individual.**
 - ・ **The proof should be issued within 3 months of the date of application.**

● Additional documents required if you fall under one of the following conditions

If you fall under one (or more) of the following conditions described in the table below, please submit the relevant document accordingly in addition to the required documents above (#① - ⑥).

■: Documents which give you priority □: Documents which do not give you priority but required for confirmation

Your circumstances	Required documents (Copy accepted for all documents)
You or your spouse is transferred outside Ibaraki Prefecture without your family on a job assignment.	One of the following documents: ■ Utility bill ■ Rental agreement Note: Documents without name and address will not be considered valid.
You are receiving livelihood protection (生活保護 <i>Seikatsu Hogo</i>).	■ Document showing that you receive livelihood protection called <i>Seikatsu Hogo Jukyushasho</i> (生活保護受給者証).
You are a single parent.	Both of the following documents: ■ Certificate of residence (住民票 <i>Juminhyo</i>) showing the information about all your household members (which has all information except for "My Number") ■ Proof showing that you receive either Child Rearing Allowance, Tsukuba Child Welfare Benefit or <i>Marufuku</i> for Single Parent Households
You are living separately from your spouse and negotiating a divorce, but have not divorced yet.	One of the following documents: ■ Transcript of the content-certified mail on demand for divorce by agreement ■ Subpoena for mediation date ■ Certificate of divorce pendency at family court ■ Certificate of mediation failure Note: Priority will not be given as a single parent without providing one of the above.
Your child will require assistance and/or special care.	One of the following documents: ■ Copy of Disability Certificate (障害者手帳 <i>Shogaisha Techo</i>) or Rehabilitation Certificate (療育手帳 <i>Ryoiku Techo</i>) ■ Medical certificate issued by a healthcare facility Note: The document will be used to determine whether to increase the number of childcare staff and for other details. □ Letter from the school principal (The form is available at an after-school children's club if required.) □ The result of a development test Note: If your child has any conditions that need to be taken care of, or if you have any other concerns about your child's physical or mental conditions, please fill in the details in the Child Health Questionnaire and contact the after-school children's club to which you will apply.
Your child will go to a school outside their school district.	□ Change of school notification form issued by the board of education of Tsukuba City (指定学校変更通知書 <i>Shitei Gakko Henko Tuchisyo</i>) Note: You need to submit the notification form to the after-school children's club as soon as you receive it. If your change of school request is not approved, your child will not be accepted at the after-school children's club attached to the school. Please contact the school, ask them to issue the notification form, and complete the procedures.

- If you already have some of the required documents including a copy or digital version (such as PDF and JPEG files) of the certificate of employment to apply for your younger child's daycare center place, you may submit the same document during the application period mentioned above as long as it was issued after August 1, 2024. Please submit the document as follows:

◎ **Online application**

You may submit the same digital files which you submitted for your younger child's daycare center place.

◎ **In-person application**

You may submit a copy of the original certificate you submitted to apply for your younger child's daycare center place. You need to take a photocopy of the original yourself. The original certificate is not required.

- The online application requires you to fill out form ① Application Form for After-school Children's Club to ⑤ Consent and Agreement Form for After-School Children's Club Application online. Regarding the document ⑥ Proof of being unable to look after your child during the day and additional documents if you fall under certain conditions, you need to submit them as attachments. Please make a digital file of the documents (e.g., PDF or JPEG formats) in advance before starting the application process online.

All information in the attached files must be legible. If any part is unclear, you may be asked to resubmit the documents.

Please make sure you enter the correct email address, as we will contact you via email for any issues such as missing documents, related to your online application.

3. Screening results

- (1) Written screening results will be sent to you **around the end of February**.

Note: Some children may not be offered a place due to the limited capacity.

- (2) Once your child is offered a place, you will be asked to attend an orientation session in which you will hear about how your child will spend time at the children's club.

4. Open days and hours

Open	From Monday to Friday during school term (excluding national holidays)	After school - 6:30 pm*
	Also open during a long holiday, the foundation day of the school, the make-up holiday of a school event held on weekends/national holidays, and the holiday for Ibaraki residents (excluding Saturdays, Sundays and national holidays)	8:00 am - 6:30 pm*
	Every second Saturdays (excluding national holidays)	8:30 am – 5:15 pm
Closed	Saturdays (excluding every second Saturdays), Sundays, national holidays and from December 29 to January 3	

*Some children clubs close at 7:00 pm (see page 6 & 7)

5. Assessment

- (1) Criteria called the Admission Criteria for Public Children's Clubs in Tsukuba City (available in Japanese only) will be used to add points to or deduct points from the basic points.
- (2) Children with the highest points will be offered a place first, followed by those with the next highest points.
- (3) If the number of applicants exceeds the number of availabilities, another priority criteria will be used and children with the highest priority will be offered a place.
- (4) If the number of applicants still exceeds the number of availabilities, a lottery will be held.



Admission Criteria

6. Fees

- (1) The fee of an after-school children's club is **4,000 JPY per month**.

Note: There may be additional fees such as accident insurance.

- (2) In principle, fees should be paid by direct debit.

A direct debit charge will be paid by Tsukuba City. You may request direct debit payment online or in person at a bank or other financial institution. We will explain details at the first orientation session which will be held after your child is accepted.

If you do not wish to pay by direct debit, we will issue fee payment slips which you can use at a financial institution such as a bank, convenience store, and the city hall. You will receive these slips from the children's club.

Please note that at Ozone children's club (*Nakayoshikan*) which is run by the childcare provider designated by the city, the provider will accept the fees.

7. Partial/Full fee exemption scheme

Full Partial	Eligible condition	Amount exempted	How to apply
Full exemption	Your household is receiving livelihood assistance (生活保護 <i>Seikatsu Hogo</i>).	Full fee	You must submit the fee exemption application form for after-school children's club every school year.
	Your household is exempted from the income-based portion of the municipal tax.		
	Your child started or left their children's club in the middle of the month, and the total number of days enrolled was fewer than 12.		Application NOT required
Partial exemption	You have two or more children going to a children's club.	Half rate for the second and younger children	

Fees are not calculated on a daily basis. Even if your child's attendance is low, full monthly fee is required.

8. Other points to note

- (1) **Cancellation of permission to use a children's club**

In any of the following cases, you will lose permission to enroll your child in a children's club:

- ① You made a false claim on the application form or other application documents.
- ② You no longer meet the eligibility requirements (see page 2 for the requirements).
- ③ You have failed to pay your fees for a certain period of time without reasonable grounds.
- ④ Your child does not show up for the club for a certain period of time without prior notice, or you are always late for pick up.

- (2) **When unable to attend the club**

If your child is unable to attend the club due to work, illness or any other reasons, please inform the club. If your child is ill and misses school, they should not go to the club.

- (3) **Absence**

If your child is going to be absent from the children's club for 14 days or more, you must submit a report of absence. **Please note that you will still be required to pay the fees during your child's extended absence.**

- (4) **Leaving a children's club**

If your child is going to leave the club, you must submit a notice of departure, **otherwise billing will continue.**

- (5) **Class/School year group closure**

If your child's class or whole school year group is closed due to infectious disease, they are not allowed to go to their children's club until their class/school year group reopens.

- (6) **Change in household conditions**

If there are any changes such as change in your address, household structure, contact information, workplace, and work schedule, please report the change to the children's club as soon as possible.

- (7) **Taking a parental leave**

Children are not accepted at a children's club while their parents are on a parental leave. If you are going to take a parental leave, your child must leave their children's club. Please submit a notice of departure to the club.

- (8) **Handling of emergency cases**

In the case of emergency such as a child suddenly becoming ill at a children's club, the club will contact the child's parent, and/or **they will take the child to a hospital if required.**

- (9) **Where to submit documents**

You may submit documents such as application and letter of withdrawal to the children's club directly. Please note that we do not accept these documents at the City Hall.

9. The list of children's clubs

Children's clubs	Address	Elementary/Compulsory Education School	Phone 029-	Capacity	Opening hours
Sakae	Yokomachi 127-4	Sakae	857-4206	175	From Mon to Fri during school term (excluding national holidays): After-school - 6:30pm. During a long holiday, the foundation day of the school, the make-up holiday of a school event held on weekends/national holidays, and the holiday for Ibaraki residents (excluding Saturdays, Sundays and national holidays) 8:00am - 6:30pm. Every second Saturdays (excluding national holidays): 8:30 am - 5:15 pm.
Kokonoe	Uenomuro 2094	Kokonoe	857-4631	91	
Kukizaki	Oguki 1793	Kukizaki 3	840-1321 *1	76	
Kukizaki 1	Takasaki 2290	Kukizaki 1		64	
Kukizaki 2	Kamiiwasaki 1076	Kukizaki 2		78	
Kamigo	Kamigo 2270-1	Kamigo	847-5546	156	
Yoshinuma	Yoshinuma 814-1	Yoshinuma	865-2070	167	
Higashi	Higashi 2-24-1	Higashi	851-4801	59	
Ozone (Nakayoshi)	Ozone 447-3	Ozone	864-0181 *2	110	
Matsushiro	Matsushiro 2-21-2	Matsushiro	855-6110	53	From Mon to Fri during school term (excluding national holidays): After-school - 7:00pm During a long holiday, the foundation day of the school, the make-up holiday of a school event held on weekends/national holidays, and the holiday for Ibaraki residents (excluding Saturdays, Sundays and national holidays): 8:00am - 7:00pm
Azuma Nishi	Azuma 2-5-4	Azuma	851-8141 *3	125	
Kasuga Gakuen	Kasuga 2-47	Kasuga Gakuen		122	
Azuma Higashi	Azuma 4-12-1	Takezono Higashi *4	852-7858	98	
Takezono Higashi	Takezono 3-18-1		851-5802	104	
Takezono Nishi	Takezono 2-19-2	Takezono Nishi	852-5039	126	
Teshirogi Minami	Matsushiro 4-15-1	Teshirogi Minami	852-0670 *5	78	
Yagihashi	Yagihashi 361-1	Yagihashi		40	
Ninomiya	Ninomiya 4-9-2	Ninomiya	855-6091	65	
Yatabe	Yatabe 4715	Yatabe	836-0611 *6	175	
Yatabe Minami	Sakaida 191-1	Yatabe Minami		27	
Namiki	Namiki 4-2-3	Namiki	851-5331	80	
Onan	Namiki 4-7-3	Onan	858-0791	76	
Kaname	Kaname 449-1	Kaname	867-1190 *7	21	
Numazaki	Numazaki 1480-1	Numazaki	847-5546 *8	82	

Shuho Tsukuba	Hojo 5029-2	Shuho Tsukuba	867-5330	169	Every second Saturday (excluding national holidays): 8:30 am – 5:15 pm.
Gakuenomori	Gakuen no Mori 2-15-1	Gakuenomori	856-0330	290	
Midorino Gakuen	Midorino Chuoh 12-1	Midorino Gakuen	836-1255	290	
Midorino Minami	Midorino Minami 107-2	Midorino Minami	879-8504	369	
Katsuragi	Gakuen Minami 3-69	Katsuragi	855-8005	161	
Kenkyugakuen	Kenkyugakuen 2-13	Kenkyugakuen	893-3316	310	
Katoridai	Shimana 1716	Katoridai	896-3355	228	

*1 For application and inquiries about the Children's Club at Kukizaki 1 and Kukizaki 2 Elementary Schools, please contact Kukizaki Children's Center.

*2 Ozone Children's Club is run by a childcare provider designated by the city.

*3 For application and inquiries about the Children's Club at Kasuga Gakuen Compulsory Education School, please contact Azuma Nishi Children's Center.

*4 Children in Takezono Higashi Elementary School are eligible to go to Azuma Higashi or Takezono Higashi Children's Club.

*5 For application and inquiries about the Children's Club at Yanagihashi Elementary School, please contact Teshirogi Minami Children's Center.

*6 For application and inquiries about the Children's Club at Yatabe Minami Elementary School, please contact Yatabe Children's Center.

*7 For application and inquiries about the Children's Club at Kaname Elementary School, please contact Oda Children's Center.

*8 Starting in April 2025, the Children's Club at Numazaki Elementary School will be integrated into the After-school Program. Application for the Children's Club is accepted at Kamigo Children's Center, and inquiries about the Program are accepted at the Childcare Program Division in Tsukuba City Hall. Please refer to the Guide on FY2025 After-school Program at Numazaki Elementary School (available in Japanese only) for details.

10. Frequently asked questions

Q1: How do I know the availability of the children's club?

A1: Please inquire directly at the Children's Club (see page 6 & 7) where you will apply for the latest availability, as they are responsible for receiving, screening, and deciding on applications.

Q2: Can my child join a children's club in the middle of a school year?

A2: Yes, as long as there are availabilities. (If there are no availabilities, your child will be wait-listed.) Please inquire the children's club you will apply to (see page 6 & 7) for details.

Q3: May I visit a children's club before applying for a place?

A3: Please inquire at the children's club you will apply to (see page 6 & 7).

Q4: What time does "after-school" (indicated in *1-B on page 2) start?

A4: Because each school and school year ends at different timing, the starting time of after school varies depending on each affiliated children's club. Please inquire at the children's club you will apply to (see page 6 & 7) for details.

Q5: Can my child with disability go to a children's club?

A5: Yes. Please fill in the condition of your child in the Child Health Questionnaire and submit it along with the other required document (see page 3). If you have any concerns, please do not hesitate to contact the children's club you will apply to (see page 6 & 7).

Q6: My child starts school in April. If offered a place at a children's club, when can my child start going there?

A6: Your child may start on April 1. (Please note that your child will go to their daycare center until March 31.)

Q7: I am on a parental leave and planning to go back to work in August. May I apply for a place at a children's club during the above-mentioned application period?

A7: No. The above-mentioned application period is for applicants who wish to send their child to a children's club starting in April. If you are going back to your workplace in April, you need to apply during the period. If you are going back to work in May onwards, please inquire at the children's club you will apply for (see page 6 & 7). Please note that if there are no availabilities, your child will be wait-listed.

Q8: I am planning to move to Tsukuba City, but I have not decided where exactly. In this case, how should I apply for a place at a public children's club?

A8: In principle, your child should be enrolled in the designated elementary school or compulsory education school based on your address, and enrolled in the public children's club affiliated with the school (see page 6 & 7). However, if there are uncertain conditions such as not knowing the exact address, you may apply for more than one public children's clubs. In this case, you should apply for all of the public children's clubs in which your child may be enrolled. Please list the name of all public children's club you applied for in the Childcare Questionnaire. Once you know the exact address, please cancel the application for children's clubs which you are not going to send your child to, and complete cancellation procedures.

Q9: May I apply for a place at both private and public children's clubs?

A9: Yes. You may fill in the name of private children's club in the Childcare Questionnaire. If you wish to cancel an offer, please complete cancellation procedures as soon as possible.

Q10: May I send my child to a public children's club on certain days of a week and to a private children's club on the other days of a week?

A 10: Yes. In this case, please fill in the name of the public children's center and circle the days your child goes there in the application form, and fill in the name of a private children's club in the Childcare Questionnaire.

Q11: I am going to work for the same workplace next year but the workplace is not able to issue my certificate of employment for the next year yet. What should I do?

A 11: Please submit your certificate of employment as of the date of application. Once your certificate for the next year is issued, please submit it to the children's club you applied for as soon as possible.

Q12: I am going to divorce and already living separately from my spouse. Do I need to submit my spouse's proof of being unable to look after my child during the day?

A 12: If you are negotiating a divorce, please submit a document indicated in page 3. If unable to submit it for an unavoidable reason, please contact the children's club (see page 6 & 7) directly.

Q13: I live with my parents (or parents in law). Are there any extra documents I need to submit?

A 13: If your parents live with your child and are under the age of 65 as of April 1, 2025, you also need to submit their proof of being unable to look after your child during the day (see page 2). Without their proof, your application will not be processed.

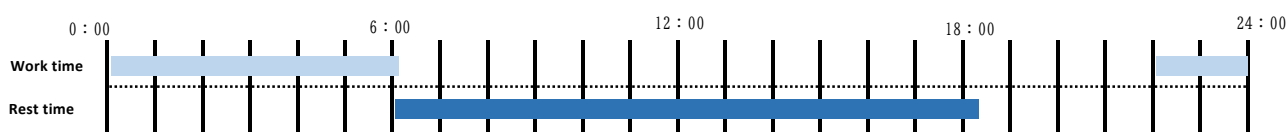
Q14: I am looking for a job. Can I apply for a place at a children's club?

A 14: If you cannot look after your child after school on a daily basis because of your job hunting, you may apply for a place at a children's club. You are required to submit a document proving that you are looking for a job. Please inquire at the children's club you will apply to (see page 6 & 7) for details. You are also required to submit a certificate of employment directly to the children's club approximately within one month after your child is enrolled. Without submitting it, your child will have to leave the children's club.

Q15: I work night shift. May I apply for a place at a children's club?

A 15: If you work night shift (from 10 pm to 5 am), you need time to rest when you come back home. Therefore, we add 12 hours after your night shift and consider this time frame as your work time for application screening.

Example of night shift eligible for application



If you work from 10 pm to 6 am of the following day:

That means that you work more than 4 hours a day and when 12 hours are added to the time you finish your night shift, your rest time overlaps with your child's after school time. If you work under this condition at least 12 days per month, you are eligible to apply for a place at a children's club.

Q16: If I work for more than one place, which workplace should I ask to issue a certificate of employment?

A 16: Please ask all your workplaces to issue a certificate of employment. We will put all your work time and commuting time together, and calculate the average time for the screening process.

Q17: Are there any other places where children can spend time after school?

A 17: Children can spend time at a *Jidokan* (children's hall) until 6 pm. Please inquire at each *Jidokan* for details.

Application Form for After-school Children's Club 放課後児童室利用許可申請書

Provisional Translation

/ / (yyyy/mm/dd)

To the Mayor of Tsukuba City

katakana:

Name of parent/guardian:

Landline:

Mobile phone:

Email address:

I would like my child to be enrolled in the after-school children's club and will submit the application as outlined below:

Applicant child		katakana	Date of birth	Sex	Name of school • Grade (As of April in the application year)	Extra support required?*1		
		Name						
	1		/ / (yyyy/mm/dd)	M • F		Yes / No		
	2		/ / (yyyy/mm/dd)	M • F		Yes / No		
	3		/ / (yyyy/mm/dd)	M • F		Yes / No		
	4		/ / (yyyy/mm/dd)	M • F		Yes / No		
	5		/ / (yyyy/mm/dd)	M • F		Yes / No		
Address		〒						
Your preferred children's club								
Period to enroll your child		From / / (yyyy/mm/dd) to / / (yyyy/mm/dd)						
Days to enroll your child		Mon.	Tue.	Wed.	Thu.	Fri.	Second Sat.	Fill in a circle below the day of a week when no adults in your household can look after your child.
Family members *2	Name	Date of birth	Relation to the child			Reason of not being able to take care of the child*4	Occupation	
		/ / (yyyy/mm/dd)						
		/ / (yyyy/mm/dd)						
		/ / (yyyy/mm/dd)						
		/ / (yyyy/mm/dd)						
		/ / (yyyy/mm/dd)						
		/ / (yyyy/mm/dd)						
		/ / (yyyy/mm/dd)						
Notes*3								
<p>*1 Circle Yes, if your child requires extra support or attention in a group setting.</p> <p>*2 Fill in the names of all family members living with the applicant child including grandparents. (No need to fill in applicant child's name.)</p> <p>*3 If you need more space or if you or your spouse live separately for work, please provide the details here.</p> <p>*4 Choose a reason of being unable to look after your child from the options below and enter the corresponding number.</p> <p>(1) The person is working outside home.</p> <p>(2) The person is working at home (housework not included).</p> <p>(3) The person is on maternity period. Please note that maternity period begins from 6 weeks prior to the due date (14 weeks for pregnancy with twins or more) to the end of the month in which the next day of 8 full weeks after childbirth falls.</p> <p>(4) The person has an illness or physical/mental disability.</p> <p>(5) The person takes care of a sick or disabled family member for a long time.</p> <p>(6) The person attends a school outside home (including vocational training school).</p> <p>(7) The person is underage or 65 years old or older.</p> <p>(8) Other ()</p>								

Questionnaire on Children's Health Condition 兒童健康狀態調查票

Child 1	Name		
	Health condition	Chronic illness	No • Yes ()
		Allergy	No • Yes ()
	Disabilities	Disability Certificate (to be issued)	No • Yes (physical • rehabilitation (<i>ryo-iku</i>))
		Attending Special Support Class (Going to attend the class)	No • Yes (Mental • Autism/Emotional disorder • Hardness of hearing • Speech disorder)
	Others	Please write anything such as characteristics of the child, special attention required, medicines being administered etc.	
Child 2	Name		
	Health condition	Chronic illness	No • Yes ()
		Allergy	No • Yes ()
	Disabilities	Disability Certificate (to be issued)	No • Yes (physical • rehabilitation (<i>ryo-iku</i>))
		Attending Special Support Class (Going to attend the class)	No • Yes (Mental • Autism/Emotional disorder • Hardness of hearing • Speech disorder)
	Others	Please write anything such as characteristics of the child, special attention required, medicines being administered etc.	
Child 3	Name		
	Health condition	Chronic illness	No • Yes ()
		Allergy	No • Yes ()
	Disabilities	Disability Certificate (to be issued)	No • Yes (physical • rehabilitation (<i>ryo-iku</i>))
		Attending Special Support Class (Going to attend the class)	No • Yes (Mental • Autism/Emotional disorder • Hardness of hearing • Speech disorder)
	Others	Please write anything such as characteristics of the child, special attention required, medicines being administered etc.	
Child 4	Name		
	Health condition	Chronic illness	No • Yes ()
		Allergy	No • Yes ()
	Disabilities	Disability Certificate (to be issued)	No • Yes physical • rehabilitation (<i>ryo-iku</i>))
		Attending Special Support Class (Going to attend the class)	No • Yes (Mental • Autism/Emotional disorder • Hardness of hearing • Speech disorder)
	Others	Please write anything such as characteristics of the child, special attention required, medicines being administered etc.	
Child 5	Name		
	Health condition	Chronic illness	No • Yes ()
		Allergy	No • Yes ()
	Disabilities	Disability Certificate (to be issued)	No • Yes (physical • rehabilitation (<i>ryo-iku</i>))
		Attending Special Support Class (Going to attend the class)	No • Yes (Mental • Autism/Emotional disorder • Hardness of hearing • Speech disorder)
	Others	Please write anything such as characteristics of the child, special attention required, medicines being administered etc.	

Questionnaire on Family Circumstances 家庭狀況調查票

Provisional Translation

Name of child 1		Name of child 2	
Name of child 3		Name of child 4	
Name of child 5			

Emergency contact	Name		Relation to the child	Phone / Email address
	1			@
				@
	2			@
				@
	3			@
@				

Name of parent/guardian 1		Relation to the child		Living with the child?	Yes No
Work place	Name			Phone	
	Location				
Work time	From : to :				
Commuting time	Hours:	Minutes:	Commuting method:		
Home arrival time	Around :				

Name of parent/guardian 2		Relation to the child		Living with the child?	Yes No
Work place	Name			Phone	
	Location				
Work time	From : to :				
Commuting time	Hours:	Minutes:	Commuting method:		
Home arrival time	Around :				

Fill in the information below if the child resides with their grandparents who are under 65 years old on the same premises as of April 1st of the application year.

Name of grandfather					
Work place	Name			Phone	
	Address				
Work time	From : to :				
Commuting time	Hours:	Minutes:	Commuting method:		
Home arrival time	Around :				

Name of grandmother					
Work place	Name			Phone	
	Address				
Work time	From : to :				
Commuting time	Hours:	Minutes:	Commuting method:		
Home arrival time	Around :				

Quesitonnaire on Childcare (*Jido Jokyo Chosahyo* 児童状況調査票)

Applicant child 1	Name	
	Who currently looks after your child? Please tick all that apply.	<input type="checkbox"/> (a) My child is being looked after by me (child's mother or father) who currently does not work and is looking for a job. <input type="checkbox"/> (b) My child is left alone at home because no one can look after him/her. <input type="checkbox"/> (c) My child is being looked after by his/her grandparents living with him/her. <input type="checkbox"/> (d) I ask one of my relatives who does not live with us to look after my child every day. <input type="checkbox"/> (e) I ask someone other than my relative or family members to look after my child every day. <input type="checkbox"/> (f) My child goes to a children's club (<i>jido club</i>). Or my child has not started school yet and goes to a daycare center. (The name of the club/chidcare facility my child goes to:) <input type="checkbox"/> (g) I look after my child while doing piece work at home. <input type="checkbox"/> (h) I look after my child while working excluding piece work at home. <input type="checkbox"/> (i) Other (If your child is being looked after by someone other than the above, or if more than one options apply to your child, fill in the details such as which days of the week you ask your relative for help with childcare.) ()
	If your child is not offered a place at a children's club, how will he/she be looked after? Please tick all that apply.	<input type="checkbox"/> (a) My child will be looked after by me (child's mother or father). <input type="checkbox"/> (b) My child will be left alone at home because no one will be able to look after him/her. <input type="checkbox"/> (c) My child will be looked after by his/her relative living with him/her. <input type="checkbox"/> (d) I will ask one of my relatives who does not live with us to look after my child every day. <input type="checkbox"/> (e) I will ask someone other than my relative or family members to look after my child every day. <input type="checkbox"/> (f) My child will go to another children's club. (The name of the club my child will go to:) <input type="checkbox"/> (g) I look after my child while doing piece work at home. <input type="checkbox"/> (h) I look after my child while working excluding piece work at home. <input type="checkbox"/> (i) Other (If your child is going to be looked after by someone other than the above, or if more than one options apply to your child, fill in the details such as which days of the week you will ask your relative for help with childcare.) ()
	Will you apply for more than one child? Please tick one option.	<input type="checkbox"/> (a) No, I will not apply for more than one child. <input type="checkbox"/> (b) Yes, and unless all my children are offered a place at the same time, I would like to cancel my application. <input type="checkbox"/> (c) Yes, and even if not all my children are offered a place, I would like to take the place which is offered.
Applicant child 2	Will you apply for more than one children's club? Please tick one option.	This does not have any influence on your screening result. <input type="checkbox"/> (a) No, I will not apply for another children's club. <input type="checkbox"/> (b) Yes. (Fill in the name of the children's club you have applied for:)
	Name	
	Who currently looks after your child? Please tick all that apply.	<input type="checkbox"/> (a) My child is being looked after by me (child's mother or father) who currently does not work and is looking for a job. <input type="checkbox"/> (b) My child is left alone at home because no one can look after him/her. <input type="checkbox"/> (c) My child is being looked after by his/her grandparents living with him/her. <input type="checkbox"/> (d) I ask one of my relatives who does not live with us to look after my child every day. <input type="checkbox"/> (e) I ask someone other than my relative or family members to look after my child every day. <input type="checkbox"/> (f) My child goes to a children's club (<i>jido club</i>). Or my child has not started school yet and goes to a daycare center. (The name of the club/chidcare facility my child goes to:) <input type="checkbox"/> (g) I look after my child while doing piece work at home. <input type="checkbox"/> (h) I look after my child while working excluding piece work at home. <input type="checkbox"/> (i) Other (If your child is being looked after by someone other than the above, or if more than one options apply to your child, fill in the details such as which days of the week you ask your relative for help with childcare.) ()
	If your child is not offered a place at a children's club, how will he/she be looked after? Please tick all that apply.	<input type="checkbox"/> (a) My child will be looked after by me (child's mother or father). <input type="checkbox"/> (b) My child will be left alone at home because no one will be able to look after him/her. <input type="checkbox"/> (c) My child will be looked after by his/her relative living with him/her. <input type="checkbox"/> (d) I will ask one of my relatives who does not live with us to look after my child every day. <input type="checkbox"/> (e) I will ask someone other than my realtive or family members to look after my child every day. <input type="checkbox"/> (f) My child will go to another children's club. (The name of the club my child will go to:) <input type="checkbox"/> (g) I look after my child while doing piece work at home. <input type="checkbox"/> (h) I look after my child while working excluding piece work at home. <input type="checkbox"/> (i) Other (If your child is going to be looked after by someone other than the above, or if more than one options apply to your child, fill in the details such as which days of the week you will ask your relative for help with childcare.) ()
Applicant child 2	Will you apply for more than one child? Please tick one option.	<input type="checkbox"/> (a) No, I will not apply for more than one child. <input type="checkbox"/> (b) Yes, and unless all my children are offered a place at the same time, I would like to cancel my application. <input type="checkbox"/> (c) Yes, and even if not all my children are offered a place, I would like to take the place which is offered.
	Will you apply for more than one children's club? Please tick one option.	This does not have any influence on your screening result. <input type="checkbox"/> (a) No, I will not apply for another children's club. <input type="checkbox"/> (b) Yes. (Fill in the name of the children's club you have applied for:)

Applicant child 3	Name	
	Who currently looks after your child? Please tick all that apply.	<input type="checkbox"/> (a) My child is being looked after by me (child's mother or father) who currently does not work and is looking for a job. <input type="checkbox"/> (b) My child is left alone at home because no one can look after him/her. <input type="checkbox"/> (c) My child is being looked after by his/her grandparents living with him/her. <input type="checkbox"/> (d) I ask one of my relatives who does not live with us to look after my child every day. <input type="checkbox"/> (e) I ask someone other than my relative or family members to look after my child every day. <input type="checkbox"/> (f) My child goes to a children's club (<i>jido club</i>). Or my child has not started school yet and goes to a daycare center. (The name of the club/chidcare facility my child goes to:) <input type="checkbox"/> (g) I look after my child while doing piece work at home. <input type="checkbox"/> (h) I look after my child while working excluding piece work at home. <input type="checkbox"/> (i) Other (If your child is being looked after by someone other than the above, or if more than one options apply to your child, fill in the details such as which days of the week you ask your relative for help with childcare.) ()
	If your child is not offered a place at a children's club, how will he/she be looked after? Please tick all that apply.	<input type="checkbox"/> (a) My child will be looked after by me (child's mother or father). <input type="checkbox"/> (b) My child will be left alone at home because no one will be able to look after him/her. <input type="checkbox"/> (c) My child will be looked after by his/her relative living with him/her. <input type="checkbox"/> (d) I will ask one of my relatives who does not live with us to look after my child every day. <input type="checkbox"/> (e) I will ask someone other than my realtive or family members to look after my child every day. <input type="checkbox"/> (f) My child will go to another children's club. (The name of the club my child will go to:) <input type="checkbox"/> (g) I look after my child while doing piece work at home. <input type="checkbox"/> (h) I look after my child while working excluding piece work at home. <input type="checkbox"/> (i) Other (If your child is going to be looked after by someone other than the above, or if more than one options apply to your child, fill in the details such as which days of the week you will ask your relative for help with childcare.) ()
	Will you apply for more than one child? Please tick one option.	<input type="checkbox"/> (a) No, I will not apply for more than one child. <input type="checkbox"/> (b) Yes, and unless all my children are offered a place at the same time, I would like to cancel my application. <input type="checkbox"/> (c) Yes, and even if not all my children are offered a place, I would like to take the place which is offered.
	Will you apply for more than one children's club? Please tick one option.	This does not have any influence on your screening result. <input type="checkbox"/> (a) No, I will not apply for another children's club. <input type="checkbox"/> (b) Yes. (Fill in the name of the children's club you have applied for:)
Applicant child 4	Name	
	Who currently looks after your child? Please tick all that apply.	<input type="checkbox"/> (a) My child is being looked after by me (child's mother or father) who currently does not work and is looking for a job. <input type="checkbox"/> (b) My child is left alone at home because no one can look after him/her. <input type="checkbox"/> (c) My child is being looked after by his/her grandparents living with him/her. <input type="checkbox"/> (d) I ask one of my relatives who does not live with us to look after my child every day. <input type="checkbox"/> (e) I ask someone other than my relative or family members to look after my child every day. <input type="checkbox"/> (f) My child goes to a children's club (<i>jido club</i>). Or my child has not started school yet and goes to a daycare center. (The name of the club/chidcare facility my child goes to:) <input type="checkbox"/> (g) I look after my child while doing piece work at home. <input type="checkbox"/> (h) I look after my child while working excluding piece work at home. <input type="checkbox"/> (i) Other (If your child is being looked after by someone other than the above, or if more than one options apply to your child, fill in the details such as which days of the week you ask your relative for help with childcare.) ()
	If your child is not offered a place at a children's club, how will he/she be looked after? Please tick all that apply.	<input type="checkbox"/> (a) My child will be looked after by me (child's mother or father). <input type="checkbox"/> (b) My child will be left alone at home because no one will be able to look after him/her. <input type="checkbox"/> (c) My child will be looked after by his/her relative living with him/her. <input type="checkbox"/> (d) I will ask one of my relatives who does not live with us to look after my child every day. <input type="checkbox"/> (e) I will ask someone other than my realtive or family members to look after my child every day. <input type="checkbox"/> (f) My child will go to another children's club. (The name of the club my child will go to:) <input type="checkbox"/> (g) I look after my child while doing piece work at home. <input type="checkbox"/> (h) I look after my child while working excluding piece work at home. <input type="checkbox"/> (i) Other (If your child is going to be looked after by someone other than the above, or if more than one options apply to your child, fill in the details such as which days of the week you will ask your relative for help with childcare.) ()
	Will you apply for more than one child? Please tick one option.	<input type="checkbox"/> (a) No, I will not apply for more than one child. <input type="checkbox"/> (b) Yes, and unless all my children are offered a place at the same time, I would like to cancel my application. <input type="checkbox"/> (c) Yes, and even if not all my children are offered a place, I would like to take the place which is offered.
	Will you apply for more than one children's club? Please tick one option.	This does not have any influence on your screening result. <input type="checkbox"/> (a) No, I will not apply for another children's club. <input type="checkbox"/> (b) Yes. (Fill in the name of the children's club you have applied for:)

Applicant child 5	Name	
	Who currently looks after your child? Please tick all that apply.	<input type="checkbox"/> (a) My child is being looked after by me (child's mother or father) who currently does not work and is looking for a job. <input type="checkbox"/> (b) My child is left alone at home because no one can look after him/her. <input type="checkbox"/> (c) My child is being looked after by his/her grandparents living with him/her. <input type="checkbox"/> (d) I ask one of my relatives who does not live with us to look after my child every day. <input type="checkbox"/> (e) I ask someone other than my relative or family members to look after my child every day. <input type="checkbox"/> (f) My child goes to a children's club (<i>jido club</i>). Or my child has not started school yet and goes to a daycare center. (The name of the club/chidcare facility my child goes to: _____) <input type="checkbox"/> (g) I look after my child while doing piece work at home. <input type="checkbox"/> (h) I look after my child while working excluding piece work at home. <input type="checkbox"/> (i) Other (If your child is being looked after by someone other than the above, or if more than one options apply to your child, fill in the details such as which days of the week you ask your relative for help with childcare.) (_____)
	If your child is not offered a place at a children's club, how will he/she be looked after? Please tick all that apply.	<input type="checkbox"/> (a) My child will be looked after by me (child's mother or father). <input type="checkbox"/> (b) My child will be left alone at home because no one will be able to look after him/her. <input type="checkbox"/> (c) My child will be looked after by his/her relative living with him/her. <input type="checkbox"/> (d) I will ask one of my relatives who does not live with us to look after my child every day. <input type="checkbox"/> (e) I will ask someone other than my realtive or family members to look after my child every day. <input type="checkbox"/> (f) My child will go to another children's club. (The name of the club my child will go to: _____) <input type="checkbox"/> (g) I look after my child while doing piece work at home. <input type="checkbox"/> (h) I look after my child while working excluding piece work at home. <input type="checkbox"/> (i) Other (If your child is going to be looked after by someone other than the above, or if more than one options apply to your child, fill in the details such as which days of the week you will ask your relative for help with childcare.) (_____)
	Will you apply for more than one child? Please tick one option.	<input type="checkbox"/> (a) No, I will not apply for more than one child. <input type="checkbox"/> (b) Yes, and unless all my children are offered a place at the same time, I would like to cancel my application. <input type="checkbox"/> (c) Yes, and even if not all my children are offered a place, I would like to take the place which is offered.
	Will you apply for more than one children's club? Please tick one option.	This does not have any influence on your screening result. <input type="checkbox"/> (a) No, I will not apply for another children's club. <input type="checkbox"/> (b) Yes. (Fill in the name of the children's club you have applied for: _____)

Consent and Agreement Form for After-school Children's Club Application

放課後児童室の利用許可申請に関する同意書兼誓約書

Provisional Translation

To the Mayor of Tsukuba City:

Date: / /

Name of applicant:

I consent to the following statements and agree to comply with them accordingly.

Topic	Statements	Check box
Application	I consent to Tsukuba City contacting relevant authorities or organizations to verify that no adults in my household can look after my child during the day, based on the documents I have submitted.	
	I have read and understood the ADMISSION GUIDE FOR PUBLIC AFTER-SCHOOL CHILDREN'S CLUB (<i>JIDO CLUB</i>).	
	I understand that if I make any false statements on my application documents and/or fail to comply with the terms outlined in this consent and agreement form, I may lose my eligibility to enroll my child in the children's club or face restrictions on my eligibility.	
Fees	I will pay the fees for my child by the due date. If I find that I will be unable to do so, I will contact Tsukuba City to explain my situation.	
	I understand that I am required to pay the full monthly fee, regardless of the number of days my child attends.	
Operation of after-school children's club	I will inform the children's club if my child will be absent.	
	If there are any changes to my application, I will submit an updated form (called Change/Absence/Decline Request Form for After-school Children's Club 放課後児童室利用変更・利用休止・利用辞退届) along with any other required documents as soon as possible.	
	If my child no longer meets the requirements or no longer needs to attend the children's club, I will submit a form (called Change/Absence/Cancellation Request Form for After-school Children's Club 放課後児童室利用変更・利用休止・利用辞退届) as soon as possible.	
	My child will not arrive or leave the children's club alone.	
	I will not leave my child alone in front of the children's club during school holidays or other times when the school is closed but the children's club is open.	
	I will comply with the children's club schedule and will not be late to pick up my child.	
	I, along with my spouse/partner, my child, and any other individuals responsible for caring for my child, will not harm other children or employees of the children's club. If such behavior occurs, we will comply with any warnings issued by the employees. I also understand that if this behavior persists despite repeated warnings, I may lose my eligibility to enroll my child in the children's club, or my eligibility may be restricted.	
	I consent to the children's club sharing or requesting information about my child with or from their elementary school, compulsory education school, daycare center, and other relevant city authorities, if required for the care of my child.	
	My child will not attend the children's club if their class or school year is suspended due to an infectious disease.	
	I, my spouse, or any other individuals responsible for looking after my child will look after them at home whenever possible, even if the children's club is open.	

Please tick the boxes once you confirm and approve.

Certificate of Employment (就労証明書 *Shuro Shomeisho*)

Addressed to the Mayor of Tsukuba City

Date of certification:	/	/	(yyyy/mm/dd)
Name of business			
Name of representative:			
Location:			
Phone: — —			
Contact person:			
Contact number: — —			

I hereby certify that the information provided in this form is true and correct.

N.B. If an employee creates or alters this certificate without the permission of his/her employer, he/she may be liable to prosecution under the Criminal Code.

No.	Items	To be filled out by the employer									
1	Type of industry	<input type="checkbox"/> Agriculture <input type="checkbox"/> Fishery <input type="checkbox"/> Mining, quarrying and gravel extraction <input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Electricity, gas, heat supply, water supply <input type="checkbox"/> Information and communication <input type="checkbox"/> Transportation, logistics and postal services <input type="checkbox"/> Wholesale and retail <input type="checkbox"/> Finance and insurance <input type="checkbox"/> Real estate/Rental business <input type="checkbox"/> Academic research, professional and technical services <input type="checkbox"/> Accommodation/Food and beverage services <input type="checkbox"/> Life-style related services/Entertainment <input type="checkbox"/> Medicine/Welfare <input type="checkbox"/> Education and learning support <input type="checkbox"/> Business offering several different services <input type="checkbox"/> Public service <input type="checkbox"/> Other ()									
2	Name in <i>Katakana</i> Employee's full name									Date of birth	
3	(Scheduled) period of employment	<input type="checkbox"/> Permanent <input type="checkbox"/> Fixed-term		Period (For permanent employment, fill in the date of employment only.)		/ / - / /		yyyy/mm/dd			
4	Employee's workplace	Name of workplace									
		Address									
5	Type of employment	<input type="checkbox"/> Permanent employee <input type="checkbox"/> Part-timer <input type="checkbox"/> Employee from a temp agency <input type="checkbox"/> Contract employee <input type="checkbox"/> Executive <input type="checkbox"/> Contract employee of a local government <input type="checkbox"/> Non-permanent employee <input type="checkbox"/> Self-employed <input type="checkbox"/> Employee of family business <input type="checkbox"/> Individual helping family business <input type="checkbox"/> Individual doing piecework at home <input type="checkbox"/> Individual working on an outsourcing agreement <input type="checkbox"/> Other ()									
6	Working hours (Fixed working hours)	<input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> National holiday		Total hours	Per month		hours		minutes per month		
		Number of monthly working days		days per month		Number of weekly working days		Per week		days per week	
		Weekday		:	-	:	(Of which break time is:		minutes)		
		Saturday		:	-	:	(Of which break time is:		minutes)		
		Sun. and holiday		:	-	:	(Of which break time is:		minutes)		
	Working hours (Irregular working hours)	Total number of hours		hours		minutes		(Of which break time is:		minutes)	
		Number of working days		days							
		Main working hours		:	-	:	(Of which break time is:		minutes)		
7	Record of working hours (Include paid holidays in the number of working days, and break time and over time in the number of working hours.)	Year and month	/	yyyy/mm	Year and month	/	yyyy/mm	Year and month	/	yyyy/mm	
		Days per month		Hours per month	Days per month		Hours per month	Days per month		Hours per month	
8	Has the employee taken or will take a maternity leave before and after childbirth?	<input type="checkbox"/> Yes, she will. <input type="checkbox"/> Yes, she currently is.									
		Period	yyyy	mm	dd	-	yyyy	mm	dd		
9	Has the employee taken or will take a parental leave?	<input type="checkbox"/> Yes, he/she will. <input type="checkbox"/> Yes, he/she currently is. <input type="checkbox"/> Yes, he/she already has.									
		Period	/	/	-	/	/	yyyy/mm/dd			
10	Has the employee taken or will take a leave other than a maternity and/or parental leave?	<input type="checkbox"/> Yes, he/she will. <input type="checkbox"/> Yes, he/she currently is. <input type="checkbox"/> Yes, he/she already has.									
		Purpose	<input type="checkbox"/> Caregiving leave <input type="checkbox"/> Sick leave <input type="checkbox"/> Other ()								
		Period	/	/	-	/	/	yyyy/mm/dd			
11	Has the employee returned or will return to work?	<input type="checkbox"/> Yes, he/she will <input type="checkbox"/> Yes, he/she already has. / / yyyy/mm/dd									
12	Has the employee taken or will take shorter working hours to take care of his/her child?	<input type="checkbox"/> Yes, he/she will <input type="checkbox"/> Yes, he/she currently is.		Period	/	/	-	/	/	yyyy/mm/dd	
		Main working hours		-		(Of which break time is minutes)					
13	Is the employee working or will work as a childcare worker?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, he/she will. <input type="checkbox"/> No									
14	(Employment Contract) Renewal of contract after the completion	<input type="checkbox"/> renewal <input type="checkbox"/> renewal(Scheduled) <input type="checkbox"/> no renewal <input type="checkbox"/> TBD									
15	availability of childcare leave shortening when approved	<input type="checkbox"/> Yes <input type="checkbox"/> Yes(scheduled) <input type="checkbox"/> No									
16	availability of childcare leave Extension	<input type="checkbox"/> Yes <input type="checkbox"/> Yes(scheduled) <input type="checkbox"/> No									
17	working and living away from home (including to be scheduled to)	/ / - / / yyyy/mm/dd									
18	Remarks										
19	Below should be filled out by parent/guardian;	Child's name		Date of birth		Name of daycare center		<input type="checkbox"/> Attending <input type="checkbox"/> Applying (first choice)			
		Child's name		Date of birth		Name of daycare center		<input type="checkbox"/> Attending <input type="checkbox"/> Applying (first choice)			
		Child's name		Date of birth		Name of daycare center		<input type="checkbox"/> Attending <input type="checkbox"/> Applying (first choice)			
		Child's name		Date of birth		Name of daycare center		<input type="checkbox"/> Attending <input type="checkbox"/> Applying (first choice)			

Certificate of Employment (就労証明書 Shuro Shomeisho)

Addressed to the Mayor of Tsukuba City

Date of certification: / / (yyyy/mm/dd)

Name of business _____

Name of representative: _____

Location: _____

Phone: — —

Contact person: _____

Contact number: — —

I hereby certify that the information provided in this form is true and correct.

N.B. If an employee creates or alters this certificate without the permission of his/her employer, he/she may be liable to prosecution under the Criminal Code.

No.	Items	To be filled out by the employer									
1	Type of industry	<input type="checkbox"/> Agriculture <input type="checkbox"/> Fishery <input type="checkbox"/> Mining, quarrying and gravel extraction <input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Electricity, gas, heat supply, water supply <input type="checkbox"/> Information and communication <input type="checkbox"/> Transportation, logistics and postal services <input type="checkbox"/> Wholesale and retail <input type="checkbox"/> Finance and insurance <input type="checkbox"/> Real estate/Rental business <input type="checkbox"/> Academic research, professional and technical services <input type="checkbox"/> Accommodation/Food and beverage services <input type="checkbox"/> Life-style related services/Entertainment <input type="checkbox"/> Medicine/Welfare <input type="checkbox"/> Education and learning support <input type="checkbox"/> Business offering several different services <input type="checkbox"/> Public service <input type="checkbox"/> Other ()									
2	Name in <i>Katakana</i> Employee's full name									Date of birth	
3	(Scheduled) period of employment	<input type="checkbox"/> Permanent <input type="checkbox"/> Fixed-term		Period (For permanent employment, fill in the date of employment only.)		/ / - / /		yyyy/mm/dd			
4	Employee's workplace	Name of workplace									
		Address									
5	Type of employment	<input type="checkbox"/> Permanent employee <input type="checkbox"/> Part-timer <input type="checkbox"/> Employee from a temp agency <input type="checkbox"/> Contract employee <input type="checkbox"/> Executive <input type="checkbox"/> Contract employee of a local government <input type="checkbox"/> Non-permanent employee <input type="checkbox"/> Self-employed <input type="checkbox"/> Employee of family business <input type="checkbox"/> Individual helping family business <input type="checkbox"/> Individual doing piecework at home <input type="checkbox"/> Individual working on an outsourcing agreement <input type="checkbox"/> Other ()									
6	Working hours (Fixed working hours)	<input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. <input type="checkbox"/> Thu. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun. <input type="checkbox"/> National holiday		Total hours	Per month		hours		minutes per month		
		Number of monthly working days		days per month		Number of weekly working days		Per week		days per week	
		Weekday		:	-	:	(Of which break time is:		minutes)		
		Saturday		:	-	:	(Of which break time is:		minutes)		
		Sun. and holiday		:	-	:	(Of which break time is:		minutes)		
	Working hours (Irregular working hours)	Total number of hours		hours		minutes		(Of which break time is:		minutes)	
		Number of working days		days							
		Main working hours		:	-	:	(Of which break time is:		minutes)		
7	Record of working hours (Include paid holidays in the number of working days, and break time and over time in the number of working hours.)	Year and month	/	yyyy/mm	Year and month	/	yyyy/mm	Year and month	/	yyyy/mm	
		Days per month		Hours per month	Days per month		Hours per month	Days per month		Hours per month	
8	Has the employee taken or will take a maternity leave before and after childbirth?	<input type="checkbox"/> Yes, she will. <input type="checkbox"/> Yes, she currently is.									
		Period	yyyy	mm	dd	-	yyyy	mm	dd		
9	Has the employee taken or will take a parental leave?	<input type="checkbox"/> Yes, he/she will. <input type="checkbox"/> Yes, he/she currently is. <input type="checkbox"/> Yes, he/she already has.									
		Period	/	/	-	/	/	yyyy/mm/dd			
10	Has the employee taken or will take a leave other than a maternity and/or parental leave?	<input type="checkbox"/> Yes, he/she will. <input type="checkbox"/> Yes, he/she currently is. <input type="checkbox"/> Yes, he/she already has.									
		Purpose	<input type="checkbox"/> Caregiving leave <input type="checkbox"/> Sick leave <input type="checkbox"/> Other ()								
		Period	/	/	-	/	/	yyyy/mm/dd			
11	Has the employee returned or will return to work?	<input type="checkbox"/> Yes, he/she will <input type="checkbox"/> Yes, he/she already has. / / yyyy/mm/dd									
12	Has the employee taken or will take shorter working hours to take care of his/her child?	<input type="checkbox"/> Yes, he/she will <input type="checkbox"/> Yes, he/she currently is.		Period	/	/	-	/	/	yyyy/mm/dd	
		Main working hours		-		(Of which break time is minutes)					
13	Is the employee working or will work as a childcare worker?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes, he/she will. <input type="checkbox"/> No									
14	(Employment Contract) Renewal of contract after the completion	<input type="checkbox"/> renewal <input type="checkbox"/> renewal(Scheduled) <input type="checkbox"/> no renewal <input type="checkbox"/> TBD									
15	availability of childcare leave shortening when approved	<input type="checkbox"/> Yes <input type="checkbox"/> Yes(scheduled) <input type="checkbox"/> No									
16	availability of childcare leave Extension	<input type="checkbox"/> Yes <input type="checkbox"/> Yes(scheduled) <input type="checkbox"/> No									
17	working and living away from home (including to be scheduled to)	/ / - / / yyyy/mm/dd									
18	Remarks										
19	Below should be filled out by parent/guardian;	Child's name		Date of birth		Name of daycare center		<input type="checkbox"/> Attending <input type="checkbox"/> Applying (first choice)			
		Child's name		Date of birth		Name of daycare center		<input type="checkbox"/> Attending <input type="checkbox"/> Applying (first choice)			
		Child's name		Date of birth		Name of daycare center		<input type="checkbox"/> Attending <input type="checkbox"/> Applying (first choice)			

			児童コード	-
保護者記入欄	児童名:	フリガナ:	生年月日:	
	児童名:	フリガナ:	生年月日:	
	児童名:	フリガナ:	生年月日:	
	児童名:	フリガナ:	生年月日:	
	児童名:	フリガナ:	生年月日:	
	入会希望施設名:			

Medical Certificate 診断書

(放課後児童室入会申請用)

【診断を受けるもの】

住 所

氏 名

生年月日

- (適当な番号を○で囲んでください)
1.

上記の者は、療養のため児童の保育ができないと認める。(本人)
2.

上記の者は、日常生活において介護の必要を認める。(介護)

病 名 等	
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保育できない期間

年 月 日～ 年 月 日

入院中の場合

入院期間(年 月 ～ 年 月)

※期間は最長でも、年度末までとしてください。

上記のとおり、診断する。

年 月 日

病院(医院)所在地

病院(医院)名

医師名

電話番号

印

※ この様式あるいは、同内容を具備する診断書をお願いします。

児童コード			-
児童名:	フリガナ:	生年月日:	
児童名:	フリガナ:	生年月日:	
児童名:	フリガナ:	生年月日:	
児童名:	フリガナ:	生年月日:	
児童名:	フリガナ:	生年月日:	
入会希望施設名:			

看護等状況申告書

(放課後児童室入会申請用)

年 月 日

看護する方	氏名		児童との続柄	
	住所	つくば市		
看護等が必要な方	氏名		看護する方との関係	
	住所	(同居・別居)		
看護等を必要とする理由	身体障害者手帳 (級) ・ 精神障害者保健福祉手帳 (級)			
	療育手帳 ()			
	介護保険 (要支援 ・ 要介護)			
	その他 ()			
	※ 別居の方の看護等の場合、あなたが看護等にあたらなければならない理由			
現在の状況	食事	<input type="checkbox"/> 1人でできる <input type="checkbox"/> 一部介助 <input type="checkbox"/> 全介助		
	排泄	<input type="checkbox"/> 1人でできる <input type="checkbox"/> 一部介助 <input type="checkbox"/> 全介助		
	入浴・洗顔	<input type="checkbox"/> 1人でできる <input type="checkbox"/> 一部介助 <input type="checkbox"/> 全介助		
	その他	※ 具体的にご記入ください。		
看護等の状況	看護等に当たっている日数 週 () 日			
	通院・通所に付き添う日数 週 () 日			
	1日あたり _____ 時間 (時 分 ~ 時 分)			
	通院・通所先 ・ 施設名 ()			
	・ 所在地 ()			

※ 裏面もご記入ください。

○ 1日のスケジュール(上段に看護内容をご記入いただき、下段には利用する介護サービス等をご記入ください。)

6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00

○ 現在利用中の介護サービス・利用頻度

- ・ 週 ・ 月 日
- ・ 週 ・ 月 日
- ・ 週 ・ 月 日

※ スケジュール記載例

6:00	7:00	8:00	9:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00
	食事介助					食事介助				入浴・着替		食事介助			
						排泄・体位変換(随時)									
							ヘルパー利用								

○ 介護サービスの利用頻度

- ・ ヘルパー利用 (週) ・ 月 2日
- ・ デイサービス (週) ・ 月 1日
- ・ ショートステイ 週 ・ (月) 1日

※ 申込日前月の状況をご記入ください。

※ 障害者手帳の写し、介護保険者証の写し、診断書を別途添付してください。

児童コード			-
保護者 記入欄	児童名：	フリガナ：	生年月日：
	児童名：	フリガナ：	生年月日：
	児童名：	フリガナ：	生年月日：
	児童名：	フリガナ：	生年月日：
	児童名：	フリガナ：	生年月日：
	入会希望施設名：		

Curriculumカリキュラム

(放課後児童室入会申請用)

(時)	月	火	水	木	金
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					

上記、カリキュラムのとおり、受講(研究)していることを申し立てます。

年 月 日

住 所

氏 名

印

卒業予定年月日 年 月 日

上記のとおり、相違ないことを証明します。

年 月 日

学校等所在地

【証明者】

学校等名称

証明者職氏名

印

電話番号

※ここで学生とは、国公立又は学校法人の運営する学校などの学生を言います。
カリキュラムの内容は、学校などで受講・研究している時間及び内容を記入すること。

