

To: Mayor of Setagaya City
**Enrollment (Transfer) Application Form for Nursery Schools and Other Facilities
 and Certification Application Form (for Class 2 & 3 certification)**

Please circle the item that best fits your needs:
 1 New application 4 Transfer
 2 Reapplication 5 Continuation of commute
 3 Extension from other municipality
 6 Out-of-City consultation

I hereby apply for admission or transfer to a nursery school as follows.

Applicant (Guardian)	Address	Setagaya City Chome Ban Go			<Registered resident Yes / No>
	* Your registered address outside the city as of January 1, last year (for applications after September, as of January 1, this year). (Please fill in if different from your current address or if you are currently posted away from home.)				
	Primary contact	Mobile phone No. (Relationship:) Home, Other ()		(- -)	
	Secondary contact	Mobile phone No. (Relationship:) Home, Other ()		(- -)	
If you filled in * above					Date moved: (YYYY-MM-DD)
Kana reading			Desired childcare time	1. Standard time childcare (maximum 11 hours/day) 2. Short time childcare (maximum 8 hours/day)	Tertiary contact
Name					Mobile phone No. (Relationship:) Home, Other () (- -)

*List all members of your family currently residing with you. Please also fill in pages 2, 3, 4 as well.

Family situation Please check all the numbers of children to be enrolled or transferred	Kana reading Name	Relationship to the applicant child	Date of birth (age) * YYYY-MM-DD	Age	Occupation or school	Habitation	Individual number		Not confirmed
							For administrative purposes License/Individual number (My Number)	For administrative purposes	
1 <input type="checkbox"/>		Applicant	YYYY-MM-DD	years		Together/ Separate			Not confirmed
2 <input type="checkbox"/>			YYYY-MM-DD	years		Together/ Separate			Not confirmed
3 <input type="checkbox"/>			YYYY-MM-DD	years		Together/ Separate			Not confirmed
4 <input type="checkbox"/>			YYYY-MM-DD	years		Together/ Separate			Not confirmed
5 <input type="checkbox"/>			YYYY-MM-DD	years		Together/ Separate			Not confirmed
6 <input type="checkbox"/>			YYYY-MM-DD	years		Together/ Separate			Not confirmed

Reason why child cannot be cared for at home or why a transfer is desired

Desired enrollment or transfer period From (YYYY-MM-DD): / / Until enrollment in elementary school
 Until (date)

Application for extended nursery care (monthly) at a municipal nursery school or Tamon kindergarten *1 Apply
 Not apply

[For those who wish to apply above]
 If your extended nursery care (monthly) at a municipal nursery school or Tamon kindergarten is not granted *2 Enroll
 Not enroll

*1 If you are applying for extended nursery care (monthly) at a municipal nursery school, you will need the Application for Extended Nursery Care at a Municipal Nursery School and Other Facility, a separate form.
 * Apply to each nursery facility directly after receiving provisional enrollment, except for municipal nursery schools.
 *2 If you choose not to enroll, your child will not be able to enroll in a nursery school unless provisional enrollment in extended nursery care is awarded at the same time.

Name of person(s) responsible for pick-up and drop-off after enrollment	Drop-off: (Relation:)
Transfer destination (if scheduled)	Pick-up: (Relation:)
	Scheduled date of transfer:

*For administrative purposes

Received

Grandparent information (living separately from family) * Please enter the relationship between applicant child and guardian in the Relationship column.

Relationship	Grandparents	Name	Address	Age	Occupation
	Grandfather				
	Grandmother				
	Grandfather				
	Grandmother				

- Note:
- Applications cannot be accepted by mail or facsimile.
 - Falsification of any information will render this application invalid.
 - Please also fill out all pages from p.2 to p.5. (Please fill out the reverse side of p.5 as well.)
 - Please fill in information and check inside the boxes to ensure correct scanning.

<Nursery School Eligibility and Coordination Division>

Checked	Entered

<Children and Family Support Division>

Manager	Nursery manager	Interviewer

Code and name of preferred nursery facility

(*List nursery facilities in your order of preference (up to 10 facilities).)

Notes (Be sure to confirm the following.)

1. Please refer to the list of nursery schools in Setagaya on p. 56 - 69 of the Admission Guide for your desired nursery facility, and check in the boxes after confirming **the code No., the start month and age of classes for 0 year-olds, and other matters related to the application (such as whether there is an advance destination)** (required).
2. If you wish your children to attend different nursery facilities, fill in p. 2 (this page) of the application for each child and check in the box next to the name of the applicant child to be identified.
3. Fill in the desired nursery facility within a distance the child is able to attend.

Please check in the Applicant Checkbox after confirming the above content in 1.

Applicant child ①	<input type="checkbox"/>
Applicant child ②	<input type="checkbox"/>
Applicant child ③	<input type="checkbox"/>

Preference	Code No.	Facility	Applicant Checkbox
1			<input type="checkbox"/>
2			<input type="checkbox"/>
3			<input type="checkbox"/>
4			<input type="checkbox"/>
5			<input type="checkbox"/>
6			<input type="checkbox"/>
7			<input type="checkbox"/>
8			<input type="checkbox"/>
9			<input type="checkbox"/>
10			<input type="checkbox"/>

* Choose one option

I wish to enroll in one of the above schools.
 I wish to enroll in all () schools.
 (Separate sheet: Yes No)

◎ If you have selection conditions or desired items other than the combinations on the right for extended nursery care (monthly conditions, etc.), please select an item and fill in the details.

Conditions of enrollment for children
 Conditions of enrollment for extended nursery care (monthly)

◎ Applications for more than 2 siblings

I wish to enroll my children in the same school (preference).
 I wish to enroll my children in separate schools.

* If you wish to enroll your children in separate schools, please enter the desired schools for each child.

Designate the conditions of enrollment for your children.

Note:
Screening will be done under the designated conditions.

① Prefer same time and same school

② Prefer enrollment at same time only

- SeparateschoolsOKif enrollmentatthesametime
 - No conditions for separate schools
 - Have conditions for separate schools

* If you have specific conditions when separated, designate the ones below.

③ Enroll at least 1 child

- Any child may be enrolled first
- Do not enroll unless the eldest enrolled
- Do not enroll unless the youngest enrolled
- Other has priority

* Eldest: Refers to the oldest applicant child.
 * Youngest: Refers to the youngest applicant child.
 * If you are applying for 3 or more children and wish to give priority to a child other than the eldest or youngest child, fill in the name.

If filling in ② & ③ above and enrolling 2 children at the same time

- Enroll in preferred order
- Give preference to lower choice school if enrollment together is possible

For administrative purposes

Applicant child ①									◎ Requirements for education and childcare benefit certification
Applicant child ②									<input type="checkbox"/> Working <input type="checkbox"/> Pregnancy and Childbirth <input type="checkbox"/> Illness and Disabilities
Applicant child ③									<input type="checkbox"/> Nursing Care <input type="checkbox"/> Application for Employment <input type="checkbox"/> Natural Disaster
									<input type="checkbox"/> Schooling <input type="checkbox"/> Others