Status of Household Notification (Fill in all applicable items within the thick border.) * Fill in all dates in the Western style.

		Guardian (head of the household)	Guardian (guardian other than the head of the household)
Name of guardian (Relationship)		(Relationship to the applicant child:)	(Relationship to the applicant child:)
Circle one which applies		☐Employed ☐Job offer ☐Self-employed ☐Seeking employment ☐Birth ☐Home work ☐In school ☐Illness ☐Disabled ☐Natural disaster ☐Absent ☐Nursing care ☐Other ( )	☐Employed ☐Job offer ☐Self-employed ☐Seeking employment ☐Birth ☐Home work ☐In school ☐Illness ☐Disabled ☐Natural disaster ☐Absent ☐Nursing care ☐Other ( )
Provide details below (please fill in applicable items)			
Employed · Job offer · Self-employed · Home work · In school	Name of business (School)	(Relationship of the guardian ⇒)	(Relationship of the guardian ⇒)
	Telephone No. (Write from the left)	( ) Ext. Direct	( ) Ext. Direct
	Date (scheduled) employed	YYYY/MM/DD:	YYYY/MM/DD:
	Work hours (school hours)	Time: From Until (_____days/week)	Time: From Until (_____days/week)
*Childcare leave	Leave (including plans for leave)	☐I have not acquired childcare leave. ☐I have acquired (will acquire) childcare leave and plan to return to work (Date of childcare leave: Until YYYY-MM-DD) ☐I wish to extend my childcare leave* (Confirm the items below)	☐I have not acquired childcare leave. ☐I have acquired (will acquire) childcare leave and plan to return to work (Date of childcare leave: Until YYYY-MM-DD) ☐I wish to extend my childcare leave* (Confirm the items below)
		* If you wish to extend your childcare leave, your child will be given the lowest priority in enrollment screening. If you would like to receive a regular screening during the effective application period, please enter as follows: Regular screening from ( )(month)	
	Applicant child leaving nursery	A child has left nursery school that local municipality is in charge of coordination, due to parent taking childcare leave Yes · No	
		◎Name of child that left:_____ ◎Date left nursery:_____	
	*Childcare leave during the enrollment screening (coordinate of use) refers to that based on the "Act on Child Care and Family Care Leave."		
Parenting hours	If taking parenting hours or shorted work hours [Number of days or hours upon acquisition] (including plans)	☐Has acquired (planning to take) ☐Not acquired ☐Undecided	☐Has acquired (planning to take) ☐Not acquired ☐Undecided
		Date: From Until	Date: From Until
		Time: From Until (workdays/week)	Time: From Until (workdays/week)
Birth	Is scheduled to give birth to a child other than the applicant: * Fill in details if your due date has been confirmed	[☐Yes · ☐No] Scheduled delivery date:	
		Leave before/after birth: Yes (Date: From Until) · No	
		Plans after birth: ☐Childcare leave ☐Return to work ☐Seek employment ☐Other ( )	
		* Childcare leave if taken From Until	
Absent	Date of occurrence and reason	Name and Relationship ( ) Date: From approximately	☐Deceased ☐Divorce ☐Unmarried ☐Missing ☐Imprisoned ☐Separated pending divorce ☐Other ( )
	Person(s) living together other than guardian and child	* Fill in if cohabitating with someone (Name and Relationship)	
Illness/disability	Name of illness or disability	( ) Check if the above is a designated intractable disease ☐ →Attach a copy of the specific medical expense recipient certificate or a doctor's certificate, etc.	( ) Check if the above is a designated intractable disease ☐ →Attach a copy of the specific medical expense recipient certificate or a doctor's certificate, etc.
	Has handbook	☐Yes · ☐No (Class or level)	☐Yes · ☐No (Class or level)
	Status	☐Out patient treatment (__ times/month,___times/week) ☐Hospitalization (From date) ☐Recovering at home	☐Out patient treatment (__ times/month,___times/week) ☐Hospitalization (From date) ☐Recovering at home
	Name of hospital or facility		
Nursing care	Person receiving nursing care	Relationship to the applicant child ( )	Relationship to the applicant child ( )
	Name of illness or disability		
	Use of long-term care insurance	☐Yes ☐No	☐Yes ☐No
	Has handbook	☐Yes ☐No (Class or level)	☐Yes ☐No (Class or level)
	Status: Home	☐Full long-term care ☐Requires regular monitoring ☐Care as needed	☐Full long-term care ☐Requires regular monitoring ☐Care as needed
	Status: · Outpatient care (care facility)	Days/week. Requires hours/day	Days/week. Requires hours/day
	Status: · Outpatient care (hospital)	Name of hospital or facility:	Name of hospital or facility:
Does anyone in the same household possess a Handbook for the Physically Disabled, Health and Welfare Handbook for the Mentally Disabled, or "Ai no Techo" Handbook?			☐Yes ☐No (copy attached)
Are you currently receiving welfare assistance?		☐No ☐Have applied ☐Yes (From: YYYY-MM)	

[Please check applicable items and enter necessary items.]

Status of child applicant

		Name of child (Date of birth) [ ] (YYYY-MM-DD:)	Name of child (Date of birth) [ ] (YYYY-MM-DD:)
Current status of child care *Be sure to fill in "3" if your child has graduated from a nursery school with an age limit (facilities or services coordinated by the city) and are applying for continuous use of nursery and other facilities in the city.	1	_____ is taking care at home	_____ is taking care at home
	2	Accompanies_____to place of employment (My child is admitted at a nursery of my workplace Yes · No)	Accompanies_____to place of employment (My child is admitted at a nursery of my workplace Yes · No)
	3	Is being cared for by_____. ☐Authorized ☐Non-authorized nursery schools and other facilities ☐Private	Is being cared for by_____. ☐Authorized ☐Non-authorized nursery schools and other facilities ☐Private
	4	<1-3 above> Nursery fee Monthly amount ¥	<1-3 above> Nursery fee Monthly amount ¥
		From (date) days/week	From (date) days/week
		Time: : - :	Time: : - :
Past status of childcare (Enter name of individual where applicable)		Location: _____ ☐Paid ☐Free	Location: _____ ☐Paid ☐Free
		Was cared for by_____in the past. From To	Was cared for by_____in the past. From To
Recent height and weight		cm kg · g (Date:)	cm kg · g (Date:)
Status of development		Hold up head: from about__month or not yet / Crawling: from about__month or not yet Turn over: from about__month or not yet / Began walking: from about__month or not yet	Hold up head: from about__month or not yet / Crawling: from about__month or not yet Turn over: from about__month or not yet / Began walking: from about__month or not yet
Does the child regularly visit a hospital or training facility, except for medical checkups?		☐Yes ☐No Name of hospital / Illness	☐Yes ☐No Name of hospital / Illness
Has the child had any serious illnesses or injuries		Illness Period of illness (_____years_____months)	Illness Period of illness (_____years_____months)
Outpatient period · frequency		From (date):_____ (___times/year/month/week)	From (date):_____ (___times/year/month/week)
Does the child take medicine?		☐Yes · ☐No times/day	☐Yes · ☐No times/day
Name of the medicine			
Allergies		☐Yes (describe allergies if Yes) ☐No (or unknown)	☐Yes (describe allergies if Yes) ☐No (or unknown)
Symptom, allergen (Food or medicine), etc.			
Has the child ever had seizures?		☐No · ☐Yes (from age years months) Status・frequency	☐No · ☐Yes (from age years months) Status・frequency
Does the child possess a Handbook for the Physically Disabled or "Ai no Techo" Handbook?		☐Yes · ☐No Handbook for the Physically Disabled · Type ( ) "Ai no Techo" Handbook ( ) Class·level	☐Yes · ☐No Handbook for the Physically Disabled · Type ( ) "Ai no Techo" Handbook ( ) Class·level
Is medical treatment required?		☐No · ☐Yes ( )	☐No · ☐Yes ( )
Describe any health or development concerns you may have upon enrollment		☐Yes · ☐No (If yes, provide details)	☐Yes · ☐No (If yes, provide details)

For administrative purposes (Do not write in this space)

*Memo Visitors [Father · Mother · Grandfather · Grandmother · Applicable children · Uncle · Aunt · Other ( )]