

For guardian

Please check the applicable box indicating your situation.

<input type="checkbox"/> Application in progress	<input type="checkbox"/> School transfer in progress	<input type="checkbox"/> Other
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<Name of facility>

Application in progress	Already enrolled
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*Fill in your 1st choice of preferred school if your application is in progress.

<Name of child>

(Date of birth)

<Standard form for those employed and self-employed>

This certificate is used for admission purposes at nursery schools. Please refer to the reverse side and fill in the form.

Employed: Please request your employer to fill in this form (you must not complete it yourself).

Self-employed: Complete the certificate yourself. (If the representative is a relative, he, she or person in charge should fill in the form.)

- Entries made in pencil or erasable ink, or the use of stamps will render this certificate invalid. (An electronic seal is acceptable)
- To make corrections, please stamp corrected areas with the person who prepared this form. Corrections made with correction liquid or tape will not be accepted.

If we have any questions regarding entries or omissions, we may contact you. Any false statements submitted may lead to cancellation(s) of screening and/or provisional enrollment, as well as withdrawal from the school. Setagaya City Nursery Schools Department, Nursery School Eligibility and Coordination Division contact Tel 03-5432-1200

Work Certificate

To: Mayor of Setagaya City

Name of business _____

Name of representative _____ 

Address _____

Telephone No. () _____ Prepared by: _____

* Please check the applicable box indicating your situation.

		Date certified	YYMMDD
Name	Address		
Date of Employment (start of work)	<input type="checkbox"/> Working <input type="checkbox"/> To work	YYYY MM DD	Location of work or post <input type="checkbox"/> At home <input type="checkbox"/> Outside home
Posted away from home	<input type="checkbox"/> No. <input type="checkbox"/> On assignment <input type="checkbox"/> To be assigned	<Period of transfer without family members> From (date) until (date) (planned)	
Employment pattern	<input type="checkbox"/> Officer <input type="checkbox"/> Employee <input type="checkbox"/> Individual business owner <input type="checkbox"/> Family business (guardian's relationship to the employer:) <input type="checkbox"/> Other ()		
	<input type="checkbox"/> Fixed working hours system <input type="checkbox"/> Shift system <input type="checkbox"/> Modified working hours system <input type="checkbox"/> Flex time system <input type="checkbox"/> Discretionary labor system <input type="checkbox"/> Others ()	Employment insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Working days	<input type="checkbox"/> By month <input type="checkbox"/> By week	Day shift Day shift	Description of work
*1 Predetermined working hours (main hours of work if working irregular hours)	Time: From _____ Until _____ (Break time: _____ minutes)		Actual work hours (excluding break time) • Day _____ Hours • Week _____ Hours • Month _____ Hours
Working day	Monday · Tuesday · Wednesday · Thursday · Friday · Saturday · Sunday · Holidays · Irregular (days a month)		
Work record for the last 6 months (Days and hours)	(From (MM-DD) until (MM-DD))	(From (MM-DD) until (MM-DD))	(From (MM-DD) until (MM-DD))
	Nbr. of days: ※including paid days off	Nbr. of days: ※including paid days off	Nbr. of days: ※including paid days off
	Nbr. of hrs.: hrs.* Including breaks and overtime	Nbr. of hrs.: hrs.* Including breaks and overtime	Nbr. of hrs.: hrs.* Including breaks and overtime
	(From (MM-DD) until (MM-DD))	(From (MM-DD) until (MM-DD))	(From (MM-DD) until (MM-DD))
	Nbr. of days: ※including paid days off	Nbr. of days: ※including paid days off	Nbr. of days: ※including paid days off
	Nbr. of hrs.: hrs.* Including breaks and overtime	Nbr. of hrs.: hrs.* Including breaks and overtime	Nbr. of hrs.: hrs.* Including breaks and overtime
* If you are on prenatal, postnatal or childcare leave, please enter the number of working days and hours worked for the last six months before taking prenatal leave.			
*2 Overtime	Performance for the last six months	①Average days per month:	②Average days per week: ③Average hours per day:

Please fill out the section below if you took or are planning to take maternity leave, childcare leave, or reduced working hours for parenting.

Leave before/after giving birth	From (date) until (date)
Childcare leave	From (date) until (date) <input type="checkbox"/> Leave based on Act on Child Care and Family Care Leave. <input type="checkbox"/> Leave other than the above
* 3 If you are on childcare leave, please indicate if you are able to shorten your leave period. (You must return to work the month of your child's enrollment if your scheduled childcare leave period ends before school begins.)	<input type="checkbox"/> Possible <input type="checkbox"/> Not possible
*4 [Entered by those employed] Application to acquire parenting hours or reduced working hours for parenting	<input type="checkbox"/> Have applied → <Working hours> From (time) until (time) <input type="checkbox"/> Have not applied → <Working days > xxx days/week

<*Continue to the back side>

Notes on entry

- *1 Please enter the regular hours, including break time, in "Predetermined working hours."
 If you are to use the reduced working hours system for childcare, please enter your working hours before reduction in the "Predetermined working hours" column and your reduced working hours in the "Application to acquire parenting hours or reduced working hours for parenting."
 If "Discretionary time" applies, check the box and fill in the work hours set by the labor agreement or labor committee under "Actual work hours." If "Flex time" applies, check the box and fill in the "Actual work hours" with the total prescribed work hours during the set period (calculating period) for a month.
- *2 In "Work record for the last 6 months (Days and hours)," the number of paid-leave days should be included in the number of days.
- *3 Please calculate and enter the actual overtime hours for the last six months as follows:
 ① Average number of days per month: Divide the number of overtime days in six months by 6.
 ② Number of days per week: Divide the average number of days per month by 4.
 ③ Average number of hours per day: Divide the total number of overtime hours for the last six months by the total number of overtime days for the same period.
 * If you have any difficulty in filling in this column, you may attach a timesheet covering approximately six months to show your work arrival and departure times.
- *4 If you received provisional enrollment into a nursery school and your child is enrolled before the end of childcare leave, fill in whether you are able to shorten your leave and return to work from the month nursery school begins.
- *5 For Acquisition of parenting hours or reduced working hours for parenting, fill in the period, work hours, and work days approved by your company based on your application, instead of the company's system.

* If you are an individual business owner or work for a family business, please fill in and confirm below.

★ Typical work week

Please describe in detail a typical work week by day. If you have work planned, please enter your schedule after work begins.

Time \ Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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							

If your current work situation varies from week to week or from month to month, please enter specific working hours, places, and contents on a separate sheet.

[Individual business owners/Those working for a family business] Please attach any one of the documents in the table below as documentation regarding work.

Employer has an office (outside the home)	Copy of a notification of commencement of business, company registration and notification of incorporation, business permit, or other document
Employer has no office	A pamphlet, website, or other document stating the name of the business, address, and description of business.
If doing translation or production work (at home)	Copy of a contract, bill of delivery, or invoice