

To: Mayor of Setagaya City

Date (YYYY-MM-DD):

New	Reapplication
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Application for Extended Nursery Care at a Municipal Nursery School and Other Facility

Applicant (Guardian)	Address	Setagaya City	Chome	Ban	Go	NO. Received	
	Kana reading						Daytime contact: ()
	Name						Home telephone number: ()

I hereby apply for extended nursery (monthly) care at a municipal nursery school.

*You may not use this form if you have transferred out of Setagaya City.

Name of child (date of birth)	Enrollment status of child
① (Date of birth)	1 Enrolled at _____ Nursery School 2 Enrollment or transfer in progress
② (Date of birth)	1 Enrolled at _____ Nursery School 2 Enrollment or transfer in progress

Status of guardian

Guardian (1)		Guardian (2)	
Status of (Name: _____ Relationship: _____)		Status of (Name: _____ Relationship: _____)	
Out-of-home work	Absent	Out-of-home work	Absent
Self-employed outside	Posted away from home	Self-employed outside	Posted away from home
Work inside	Other ()	Work inside	Other ()

Do not fill out this section if you are applying to a nursery school other than a municipal nursery school. Apply directly to those schools.

Name of facility where extended nursery care is desired	Route and time of one-way trip (minutes) from guardian's place of employment to the facility.	
1st choice	Guardian (1) Place of employment →	→Nursery School (minutes)
	Guardian (2) Place of employment →	→Nursery School (minutes)
Municipal Nursery School	Guardian (1) Place of employment →	→Nursery School (minutes)
	Guardian (2) Place of employment →	→Nursery School (minutes)
2nd choice	Guardian (1) Place of employment →	→Nursery School (minutes)
	Guardian (2) Place of employment →	→Nursery School (minutes)
Municipal Nursery School	Guardian (1) Place of employment →	→Nursery School (minutes)
	Guardian (2) Place of employment →	→Nursery School (minutes)
3rd choice	Guardian (1) Place of employment →	→Nursery School (minutes)
	Guardian (2) Place of employment →	→Nursery School (minutes)
Municipal Nursery School	Guardian (1) Place of employment →	→Nursery School (minutes)
	Guardian (2) Place of employment →	→Nursery School (minutes)
4th choice	Guardian (1) Place of employment →	→Nursery School (minutes)
	Guardian (2) Place of employment →	→Nursery School (minutes)
Municipal Nursery School	Guardian (1) Place of employment →	→Nursery School (minutes)
	Guardian (2) Place of employment →	→Nursery School (minutes)

*Use a separate sheet of paper to describe routes and travel time to desired schools if you cannot fit them in the space provided.

Reason for application (reason why child cannot be picked up by 18:15) Please check <input checked="" type="checkbox"/> reason of each guardian	Guardian (1) <input type="checkbox"/> Worklate hours <input type="checkbox"/> Work overtime regularly <input type="checkbox"/> Parenting hours or reduced working hours for parenting ends <input type="checkbox"/> Other ()
	Guardian (2) <input type="checkbox"/> Worklate hours <input type="checkbox"/> Work overtime regularly <input type="checkbox"/> Parenting hours or reduced working hours for parenting ends <input type="checkbox"/> Other ()
Desired start date of use	From the 1st of (month), (year) (able to start from the following month the infant turned the age of 1.)
Number of extended nursery care days required	Days/week or days/month (excluding Sundays)

* Any discrepancies between this statement and the actual state of your household will invalidate your approval for use of extended nursery care.

* Please fill in reverse side

<Nursery School Eligibility and Coordination Division>

<Children and Family Support Division>

Checked	Entered	Person in charge	Chief	Person in charge of nursery	Interviewer

Child status after 18:15	1	Cared for at a nursery school [Nursery school (monthly extended) · Nursery school (extended spot) · Nursery room · Nursery mommies · Certified day care center]		
		Name of entrusted school		Telephone No.
		Address		
		Start of acceptance	From (date)	
	Time accepted and fees	From (time)	until (time)	(days/week) ¥ /month
2	Cared for by someone other than guardian			
	Person providing care · Grandparent (cohabitating · separate) · Other family (relation) · Babysitter · Friend () · Other ()			
	Location of childcare [Home · Outside of home ()]			
	Start of childcare From (date)			
	Childcare hours and fees	From (time)	until (time)	(days/week) ¥ /month
3	Guardian cares for child [Relationship:]			
	Location of childcare [Home · Place of employment · Other ()]			
	Start of childcare From (date)			
	Acquired maternity leave period	From (date)	until (date)	
	Acquired period of childcare leave	From (date)	until (date)	
	Acquired period of parenting hours	From (date)	until (date)	
	Normal working hours before acquiring parenting hours	From (time)	until (time)	
4	Other			

Status of siblings	The siblings of the child applicant use extended nursery care (including private nursery schools)		
	Name of child using care	Date of birth	Name of nursery school
	①	. . .	
②	. . .		

Status of child	Have you ever withdrawn from a municipal extended nursery care to take child care leave based on the Child Care and Family Care Leave Act?	
	Yes · No	<input type="radio"/> Name of child withdrawn: _____ <input type="radio"/> Date withdrawn: _____ <input type="radio"/> Name of the facility where you have withdrawn extended nursery care _____

Confirmation	<input checked="" type="radio"/> Will only one of the children applying together for extended nursery care (monthly) use the service even if not all of the applications are granted simultaneously? Yes · No (Name of child with priority to use extended care)	<input checked="" type="radio"/> Will your child still enroll in (or transfer to) the municipal nursery school even if you application for extended nursery care (monthly) is not granted simultaneously? <input type="checkbox"/> Yes · <input type="checkbox"/> No If you choose No, your child cannot enroll unless the child is granted provisional enrollment and extended nursery care (monthly) simultaneously.
	①	
	②	

Contacts	1st choice (- -)	<input type="checkbox"/> Home <input type="checkbox"/> Mobile (Relationship:)	<input type="checkbox"/> Place of employment (Relationship:) <input type="checkbox"/> Other ()
	2nd choice (- -)	<input type="checkbox"/> Home <input type="checkbox"/> Mobile (Relationship:)	<input type="checkbox"/> Place of employment (Relationship:) <input type="checkbox"/> Other ()
	3rd choice (- -)	<input type="checkbox"/> Home <input type="checkbox"/> Mobile (Relationship:)	<input type="checkbox"/> Place of employment (Relationship:) <input type="checkbox"/> Other ()

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