Form 14 (relating to Article 16)

To all entrusted with nursery care

This certificate is used for admission purposes at nursery schools. Please carefully fill in the certificate and ensure it is complete.

- · Inquiries may be made directly if there is any questions.
- · False statements, entries made in pencil or erasable ink, or the use of stamps will render this certificate invalid.
- \cdot To make corrections, please stamp corrected areas with the representatives correction seal. (Do not use correction fluid)
- Please attach a copy of the "Notification of Non-Authorized Nursery Facility Installation" bearing the received seal of the City. (Stapled) Admissions officer, Nursery School Eligibility and Coordination Division, Setagaya City Children and Youth Department contact TEL 03 (5432) 1200

To: Mayor of Setagaya City

Certificate of Acceptance

(Name of child)	2	(YYY-MM-DD) ()	I ce	rtify that the c	:hild(ren) b	pelow has(have)	been acce	epted into care
Start of acceptance	From (date)								
Status of nursery care	From (time) until (time) Monday · Tuesday · Wednesday · Thursday · Friday · Saturday · Sundaydays/week *Circle applicable days. Irregular attendance period ()								
Acceptance fee	☐ Paid	☐ Monthly Mo	y Monthly fee ¥		(¥		per day, ¥		/hr.)
	☐ Free	□Temporary	nursery care		¥		per day, ¥		/hr.
	* Fill in regardle amount and he		Recent childcare fees and number of days used within the last 3 months		Monthly ¥	M ¥ days	Monthly day	Monthl ¥	ly days
Type of nursery care	 Nursery room, nursery mommies, authorized nursery school ☐ Baby hotel ☐ Kindergarten ☐ Childcare facility at place of employment ☐ Babysitter (Certification:								
Place of acceptance	At a childcare facility · Private home (Home of) · Other ())
Name and relation of person picking up and dropping off	Drop-off/		(Relation:), Pick-up/		(Relat	tion:)
Remarks	*Use this space if you need to use extended nursery care in addition to the contracted time.								
Date certified: YYYY-I	MMDD:		<u>Name</u> <u>Addre</u> Repre	ess					
			Teleph	hone	No.				Seal
			rdians must fill out						
For guardian *	Only fill in this se	ection if you are the	ne guardian of the	child	applicant.				
Name of guardian:_			Addre	ess: .					
Name of 1st choice	of preferred nu	rsery school:							

^{*} Have the facility that is caring for your child issue this certificate when acceptance of the child applicant begins. If using multiple facilities, submit certificates from each facility

each facility.

* Contact the Nursery Admissions Section, Nursery School Eligibility and Coordination Division if your child leaves a school, you end a contract, or change a contract.