

## Facility (business) use application auxiliary form

Furigana child name	Date of birth	Date
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**1 About the situation of children**

<b>Parents Childcare</b>	<input type="checkbox"/> Home childcare (father / mother) <input type="checkbox"/> Childcare at work ( <input type="checkbox"/> Workplace childcare facility, <input type="checkbox"/> Others ( <input type="checkbox"/> ))																												
<b>Other than parents Childcare</b>	<input type="checkbox"/> Relatives are childcare (relationship: ) (address: ) <input type="checkbox"/> Childcare by acquaintances and friends (name: ) (address: ) <input type="checkbox"/> Temporary custody (irregular use) (facility name: ) (frequency of use: monthly) <input type="checkbox"/> Temporary custody (regular use) (facility name: ) (frequency of use: weekly) <input type="checkbox"/> Use of city-certified childcare room, etc. (name: ) (frequency of use: week, day, hour / day) <input type="checkbox"/> Babysitter (frequency of use: week, day, time / day) <input type="checkbox"/> Others ( )																												
<b>Presence or absence of group childcare</b>																													
<b>Daytime life rhythm</b>	<table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 10%;">7 am</td> <td style="width: 10%;">8</td> <td style="width: 10%;">9</td> <td style="width: 10%;">10</td> <td style="width: 10%;">11</td> <td style="width: 10%;">12 pm</td> <td style="width: 10%;">1</td> <td style="width: 10%;">2</td> <td style="width: 10%;">3</td> <td style="width: 10%;">4</td> <td style="width: 10%;">5</td> <td style="width: 10%;">6</td> <td style="width: 10%;">7</td> <td style="width: 10%;">8</td> </tr> <tr> <td style="border-top: 1px solid black; height: 40px;"></td> <td style="border-top: 1px solid black; height: 40px;"></td> <td style="border-top: 1px solid black; height: 40px;"></td> <td style="border-top: 1px solid black; height: 40px;"></td> <td style="border-top: 1px solid black; height: 40px;"></td> <td style="border-top: 1px solid black; height: 40px;"></td> <td style="border-top: 1px solid black; height: 40px;"></td> <td style="border-top: 1px solid black; height: 40px;"></td> <td style="border-top: 1px solid black; height: 40px;"></td> <td style="border-top: 1px solid black; height: 40px;"></td> <td style="border-top: 1px solid black; height: 40px;"></td> <td style="border-top: 1px solid black; height: 40px;"></td> <td style="border-top: 1px solid black; height: 40px;"></td> <td style="border-top: 1px solid black; height: 40px;"></td> </tr> </table>	7 am	8	9	10	11	12 pm	1	2	3	4	5	6	7	8														
7 am	8	9	10	11	12 pm	1	2	3	4	5	6	7	8																
<b>Childbirth status</b>	<b>Abnormal birth:</b> None <input type="checkbox"/> Asphyxia <input type="checkbox"/> Incubator used <input type="checkbox"/> Oxygen used <input type="checkbox"/> Strong jaundice <input type="checkbox"/> convulsions <input type="checkbox"/> Others ( <input type="checkbox"/> ) <b>Birth weight (      grams)</b>																												
<b>Constitution</b>	<input type="checkbox"/> Easy to catch a cold <input type="checkbox"/> Easy to wheeze <input type="checkbox"/> Easy to get fever <input type="checkbox"/> Weak skin <input type="checkbox"/> Easy to have abdominal pain and diarrhea <input type="checkbox"/> Easy to get nosebleed <input type="checkbox"/> Easy to get eczema <input type="checkbox"/> I get sick with medicine (drug name: ) <input type="checkbox"/> Easy to dislocate (site: ) Presence or absence of allergies <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> I have a food allergy (food / ingredient name: ) <input type="checkbox"/> Have had anaphylaxis * If you have a food allergy, please submit a "nursery school life management guidance table" later. <input type="checkbox"/> Other allergies (specific content: )																												
<b>current situation</b>	The neck sat down (about      mo's)      Was able to turn over ( about      mo's). Sitting (about      mo's)      Started crawling (about      mo's)      I Started walking (about      mo's) walk well without falling? <input type="checkbox"/> Yes <input type="checkbox"/> No      Try to eat with a spoon <input type="checkbox"/> Yes <input type="checkbox"/> No Can open and close the lid of the container? <input type="checkbox"/> Yes <input type="checkbox"/> No      Make eye contact with parents? <input type="checkbox"/> Yes <input type="checkbox"/> No Turn around when you call the name? <input type="checkbox"/> Yes <input type="checkbox"/> No Can point to something he/she knows in the picture book? <input type="checkbox"/> Yes <input type="checkbox"/> No Can see well? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Can hear well? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Speaking is <input type="checkbox"/> Can speak normally <input type="checkbox"/> Can speak two word sentences <input type="checkbox"/> Words only <input type="checkbox"/> Speak parrot-fashion <input type="checkbox"/> I can't speak, but I can understand what i s said <input type="checkbox"/> I can't speak or understand																												
<b>Health status Medical history, etc.</b>	Health checkup <input type="checkbox"/> None <input type="checkbox"/> Yes (4 month old child checkup, 1 year and a half year old child checkup, 3 year old child checkup) Yes/No      points to be addressed <input type="checkbox"/> No <input type="checkbox"/> Yes (Details: ) Consultation with a public health nurse <input type="checkbox"/> No <input type="checkbox"/> Yes (Details: ) Illnesses he/she had so far Heart disease (      year,      month,      day): Is it still under follow-up?      No, yes Surgical history: None / Yes (      ) Kidney disease (      year,      month,      day): Is it still under follow-up? No, yes (Abnormal mass urine examination) Surgical history: None / Yes ( ) Other serious illnesses (Disease name:      ) (      Year      Month) Surgical history: None / Yes (Disease name:      ) (      Year      Month) Surgical history: None / Yes Major injury (Injury and illness name:      ) (      year      month) Consultation on mental and physical development <input type="checkbox"/> No <input type="checkbox"/> Yes * If yes, the institution name ( ) From when (from      year      month) Symptoms (      ) Acquisition of disability certificate, etc. <input type="checkbox"/> No <input type="checkbox"/> Yes (Type:      Grade      ) Wish for childcare for children with disabilities <input type="checkbox"/> No <input type="checkbox"/> Yes																												
<b>Other remarks</b>																													

## 2 About the situation of the family

	Father	Mother
Occupation(Situation) etc		
Commuting Method to work	<input type="checkbox"/> Car <input type="checkbox"/> Bicycle <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Train※Closest Station from home( ) One way min	<input type="checkbox"/> Car <input type="checkbox"/> Bicycle <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Train※Closest Station from home( ) One way min

## 3 About childbirth and childcare leave

childbirth	Birth schedule <input type="checkbox"/> Yes (Birth schedule date, year, month) <input type="checkbox"/> No Scheduled after childbirth <input type="checkbox"/> Scheduled to take childcare leave <input type="checkbox"/> Return to work <input type="checkbox"/> Others ( )
Childcare leave	Whether or not to take childcare leave <input type="checkbox"/> Yes <input type="checkbox"/> No As soon as nursery school entry is permitted, the childcare leave will be rounded up and returned <input type="checkbox"/> Yes <input type="checkbox"/> No.
	Extension <input type="checkbox"/> Possible <input type="checkbox"/> Not possible → If possible, the acquisition period can be extended to year month day (child's age years months). * If you can extend the childcare leave and wish to lower the selection order. Please submit "Notification of Admission Selection Order".
	4 About brothers and sisters of application children

## 4 About brothers and sisters of application children

Situation of brothers and sisters	Presence or absence of brothers and sisters before entering elementary school <input type="checkbox"/> Yes <input type="checkbox"/> No → If yes, please fill in the following items. About the use of nursery schools, certified children's schools, etc.				
	<input type="checkbox"/> Apply at the same time Please check each of the following items. <ul style="list-style-type: none"> <li>● If your siblings are on standby or will be admitted to different schools (check only one that applies)               <ul style="list-style-type: none"> <li><input type="checkbox"/> If even one person can enter the school, enter the school.</li> <li><input type="checkbox"/> It may be a separate school, but will not enter unless it is at the same time.</li> <li>* Even if one of the applicants can use it, if the other children cannot enter the school in the same month, All will be disapproved.</li> <li><input type="checkbox"/> If you do not enter the same school at the same time, you will not enter</li> <li>* Even if one of the application children can use it, other children cannot enter the same school in the same month. If it is, everyone will be disapproved.</li> </ul> </li> <li>● If your siblings can enter the school at the same time (check only one that applies)               <ul style="list-style-type: none"> <li><input type="checkbox"/> Priority is given to entering the same garden even in the lower ranks.</li> <li><input type="checkbox"/> Priority is given to the desired order</li> <li>* You may be admitted to different school.</li> </ul> </li> </ul>				
	<input type="checkbox"/> Already in use School name:				
	<input type="checkbox"/> Do not apply Reasons why childcare is possible ( ) * When going to another school (kindergarten, etc.), the name of the school ( )				
	* In the past, using a nursery school / certified child institution, etc. However, I stopped using it because I took childcare leave. If there is, please fill it out. (It may affect the priority of admission) <table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Name of school ( )</td> <td style="border: none;">( )</td> </tr> <tr> <td style="border: none;">Exit date ( Year Month Date)</td> <td style="border: none;">( )</td> </tr> </table>	Name of school ( )	( )	Exit date ( Year Month Date)	( )
	Name of school ( )	( )			
Exit date ( Year Month Date)	( )				
Presence or absence of elementary school siblings <input type="checkbox"/> Yes <input type="checkbox"/> No → If yes, please fill in the following items. Wish to use Chiba City After School Child Healthy Development Project (Children's Room) <input type="checkbox"/> Yes <input type="checkbox"/> No → If yes, the name of the child you want to use ( ) (elementary school grade) Room name you want to use ( )					

## 5 Scheduled usage time

Scheduled time zone	: ~ :	Existence of extended use <input type="checkbox"/> Yes <input type="checkbox"/> No
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\* Please fill in the approximate usage schedule as a reference when entering the facility.

\* Please check the list of nursery schools and certified children's schools for the available hours of each school.

\* Applications for extended childcare will be accepted at each school after admission.

## 6 When the use to the desired nursery school / certified child institution is disapproved

From the child-rearing support concierge, etc., vacant nursery school, certified child institution, etc. by telephone (not approved) Would you like to be introduced? <input type="checkbox"/> I wish <input type="checkbox"/> I do not wish
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