

Child Status Report 児童状況届

(Please fill out the necessary information and check the applicable boxes)

Name of the Applicant Child	Date of Birth: (YYYY/MM/DD) [/ /]
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① Other Children Under School Age

Provided by Parent/Guardian	Provided by Parent/Guardian	<input type="checkbox"/> At home	Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Mother	Childcare Leave	<input type="checkbox"/> No <input type="checkbox"/> Yes
	<input type="checkbox"/> At work	Details	<input type="checkbox"/> Others (Relation Full name :)			
	<input type="checkbox"/> Other	Details	<input type="checkbox"/> Using daycare facility at work <input type="checkbox"/> Take them to my workplace and look after while working			
Using Childcare Facilities, etc.	<input type="checkbox"/> Certified childcare facility, etc.		Facility Name	Start Date (YYYY/MM/DD)		/ / ~
	If using on-site childcare services at a business		<input type="checkbox"/> Regional quota <input type="checkbox"/> Employee quota			
	<input type="checkbox"/> Non-certified childcare facility/workplace daycare		Facility Name	Start Date (YYYY/MM/DD)		/ / ~
	<input type="checkbox"/> Temporary childcare services	Service Usage		time(s)/week		
	<input type="checkbox"/> Kindergarten					
<input type="checkbox"/> Certified facility outside of the city						
<input type="checkbox"/> Other ()						
Regarding the continuation at the above	Please fill in case continuing at the above listed childcare is difficult etc.					
Any past experiences with group childcare? (Other than above)	<input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes", please fill out the following section)					
Facility Name		Usage Period (YYYY/MM/DD)	_____ / _____ / _____ to _____ / _____ / _____			
Have you used an educational therapy facility?	<input type="checkbox"/> No <input type="checkbox"/> Yes (If "Yes", please fill out the following section)					
Facility Name		Usage Period (YYYY/MM/DD)	_____ / _____ / _____ to _____ / _____ / _____			

② Other Children Under School Age *Do not fill this out if your child does not have any siblings under school age.

If you are applying for your other children at the same time	If would like to enroll all children in the same month	<input type="checkbox"/> I would like to enroll all children in the same month	[Note]	In this case, even if one of the children is not enrolled, all of them would have to wait.
	Facility Assignment	<input type="checkbox"/> All children must be enrolled at the same facility		
	<input type="checkbox"/> I will accept enrollment at different facilities if necessary			
If you will accept enrollment in different months	<input type="checkbox"/> I would like to enroll my children in order of acceptance if it is not possible to enroll all children in the same month (even if one is enrolled before the others)			
If you are not applying for the other children, please explain why	<input type="checkbox"/> Already using a facility <input type="checkbox"/> Relative providing childcare <input type="checkbox"/> Using workplace daycare			
	<input type="checkbox"/> Providing care while working <input type="checkbox"/> Other [Details:]			

③ Future Childbirth Plans

Are you expecting?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Expected delivery date: _____ YYYY / MM / DD, <input type="checkbox"/> I am expecting twins, triplets, etc.)
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④ Status of Grandparents Living in a Separate Residence *You must indicate grandparents living on the same premises in the "Household Status" section of the application form.

Name	Relation	Age	Address	Transportation/Time to Applicant Child's Home		Workplace & Work Hours		Health Condition	
				Transportation	Travel Time	Workplace	Work Hours	Normal	Poor
Paternal	Grand-father			Transportation	mins.	Workplace	hrs/month	<input type="checkbox"/> Normal	<input type="checkbox"/> Poor
				Travel Time	mins.	Work Hours	hrs/month	<input type="checkbox"/> Other ()	
Maternal	Grand-mother			Transportation	mins.	Workplace	hrs/month	<input type="checkbox"/> Normal	<input type="checkbox"/> Poor
				Travel Time	mins.	Work Hours	hrs/month	<input type="checkbox"/> Other ()	
Paternal	Grand-father			Transportation	mins.	Workplace	hrs/month	<input type="checkbox"/> Normal	<input type="checkbox"/> Poor
				Travel Time	mins.	Work Hours	hrs/month	<input type="checkbox"/> Other ()	
Maternal	Grand-mother			Transportation	mins.	Workplace	hrs/month	<input type="checkbox"/> Normal	<input type="checkbox"/> Poor
				Travel Time	mins.	Work Hours	hrs/month	<input type="checkbox"/> Other ()	

⑤ Other Information Related to Childcare Facility Use

How will transportation be provided for the child?	Main Provider	Drop-off	Pick-up	Method	<input type="checkbox"/> Car <input type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Public transp.	Travel Time	mins.
				Any transportation restrictions? (e.g. do not own a car, etc.)			
Alternative childcare plans if on standby	<input type="checkbox"/> Extend childcare leave (until _____ YYYY / MM / DD) <input type="checkbox"/> Workplace daycare <input type="checkbox"/> Non-certified facility						
	<input type="checkbox"/> Grandparents will provide care <input type="checkbox"/> Other (Details:)						
Other Important Notes							

※ Please fill out the other side

