						ld S 童	tatus 状	Re 況	•		[Exa	amplo	e]			
児童状況届 [▲ ► ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲ ▲																
	Name of the Date of Birth:															
Applicant Child Hanako Tokushima (YYYY/MMDD) [2019 / 4 / 3]										3						
1	Childcare	Situ	atio	n												
	Drovidod k			At home	Who?	Fath	er 📃 Mot	her	Mate	ernity/Childca	re Leave End Da	ate 2023	/ 3 / 31			
	Provided to Parent/Guar	-		At work	Details	🗖 Using	g daycare fac	lity at v	work	Providing	care while work	ing (e.g. at ow	n business)			
tion			□ Other Details													
Situation			A relative Relation													
			Someone other than a relative Relation													
Childcare			Certified childcare facility in the city Facility Name Start Date / /													
hild	Drovidodk		If using on-site childcare services at a business													
d C	Provided b Someone E	-	Certified facility outside of the city Facility Name Start Date / /													
Current			□ Non-certified ebildeoro facility = Escility Name Start Data									/	/			
S			Temporary de la me								l an empty s		/			
				Kindergarter recent. re elsewhere on this for								/				
				Other (list them	ı all.)			
	ny past experie th group childc		□ No ■ Yes (If "Yes", please fill out the following section)													
	(Other than abov	e)	Facility Name Tokushima City • Nursery Usage Period 2020 / 4 / 1 to 2021 / 3 / 31													
	lave you used ducational ther			No	Yes (If "Y			e folle	owing	section)						
	educational therapy facility? Facility Name Child Development Support Center Usage Period 2022 / 4 / 1 to / /															
② Other Children Under School Age *Do not fill this out if your child does not have any siblings under school age.																
	ou are applyin ur other childre		enro	vould like Il all chilc same m	to Iren Faci	lity C	like to enroll all children in the same month (*All children will wait even if only one child cannot be enrolled.) Image: All children must be enrolled at the same facility									
,0	the same tim															
			If you will accept enrollment in different months									of the				
-	ou are not app							d, t <mark>en</mark>	nporar	y, 0.0. <i>j</i>		oviding onna	ouro			
for the other children, please explain why Other (Details:																
										Please write the workplace name & working time of the grandparents that						
										live in a separate residence.						
Are you expecting? No Ves (Expected delivery date: live in a separate residence (Employment certificates not residence)									red)							
Status of Grandparents Living in a Separate Reside Transportation/Time to																
	Name Rel		ation Age		Addres	Address			Home Workpl		e & Work Hou	rs Health (Condition			
Jal	(Passed away)	Grand	father				Transportation Travel Time		mins.	Workplace Work Hours	hrs/mc	onth Other				
Paternal	(Same							ווחז		Workplace	110/110		·			
à	residence)	Grandmother						mins		Work Hours	hrs/mc					
al	Haruo	Grandfathe		64	5-1, ●●-cho, Awa		Transportation			Workplace	Self-employed (agricul					
Maternal	Yoshino Akiko						Travel Time Transportation	5 min		Work Hours Workplace	140 hrs/mc		· · ·			
Ma	Yoshino Gran		dmother 67		Same as above		Travel Time			Work Hours	-					
(5) Other Information Related to Childcare Facility Use																
How will transportation be Main Drop-off Father Method Car Z Bicycle Walking Public transp. Travel Time 15 mins.																
provided for the child? Provider Pick-up Mother Any transportation restrictions? Mother: no driver's license (e.g. do not own a car,									n a car, etc.)							
Alternative childcare										ied facility						
plans if on standby Granparents will provide care Other (De Please write the information of your)							
Other Important Notes top preferred facility.																

- -

<u>X Please fill out the other side</u>

6 Health Condition of the Child															
			eight at	Birth	3,200	g F	regnancy	Duration	40 we	eks Curr	ent Weight	14	g kg		
Please provide Control					onths Sitting	6 mc	onths Crawl	ing 9 r	months	Teething	9 mor	nths Walking	12 months		
a	cura	ate information	on ent Walk	king Status	Crawling	on belly	Crawling	on hands ar	nd knees	S 🗆 Stan	ding w/ supp	ort 🛛 Walk	ing w/ support		
а	bout	the applica	t s the ch	ild make	te noises as if trying to speak when w/ family? Yes No First Word 14 months										
	ch	ild's health		ech Level											
	с	ondition.	Has yo	our child	d had their 18-month checkup? (*Only answer if 18 months or older)										
			u ansv	vered	Provide details of any advice or notes given by the doctor/nurse during the checkup.										
Т	T		"Yes"		Nothing in particular.										
	D	evelopmental	16		Please explain why your child has not received the checkup.										
		Conditions	If you answered "No"												
			If you answered		child had their 3-year checkup? (*Only answer if 3 years or older) Yes No										
			"Yes"	'	It was noted that my child's speech development was slightly behind.										
			If you answered		Please explain why your child has not received the checkup.										
			"No"												
			D No		Yes	[lf "Voc" r	lasse ob	ock the	annling	hla hoveo	below.]			
		Do you have any concerns about your child's vision?		Sauinte			-				Die DUXeS				
	Vision		Squints or has to be very close to things in order to see them Glances upwards or looks out the corner of the eyes to see things												
			□ Needs glasses (□ Farsightedness □ Lazy eye □ Other [])			
Health Condition of the Child				Other											
e O	-		No		Yes	[※]	lf "Yes", p	lease ch	eck the	e applica	ble boxes	below.	-		
of th	b	Do you have any concerns about your child's hearing?	 No Yes [% If "Yes", please check the applicable boxes below. Doesn't turn around when called from behind 												
ouo	Hearing		Appears to have a speech delay												
diti	Ъ		I have noticed something about their speech or understanding												
Cor			□ Other []												
alth	ions	Has your child	🛛 No		Yes	[※	lf "Yes", p	lease fill	out the	e followin	g section	.]			
He	Convulsions	experienced	# of tir		1 Date of Most Recent 2019 / 6 (YYYY/MM) Temp. during convulsions 38.5 °C										
	Ö	convulsions?	Describe	their co	Condition during convulsions Happened once during a fever, but quickly recovered (saw a doctor, but was given no specific instruction) What food(s) are they allergic to? Eqgs, milk										
	s	Food allergies? Taking any medication?	This section must be completed if your application		-	. ,	•	•		iggs, m					
	ergies				Has the o	child expe	erienced a	anaphylax	xis?	No No		Yes			
	Alle		indicates yo	our child							nal medicine				
			has allergies.		any medication?					medication? Medicine Type [
	tory		No No		Yes	[※	lf "Yes", p	lease fill	out the	e followin	g section	.]			
	t & His	Does your child	Age wh	ile outp	patient/hospitalized _{years months} Diagnosis										
	Outpatient & italization Hi	have a history of outpatient	Age during surgery (if applicable) years Type of Surgery												
	outpa	care or	Hospital	Name											
	Outpatient & Hospitalization History	hospitalization?	Current C	ondition	on Completely recovered Receiving follow-up care										
					Receiving outpatient care (# of days per week · month: [], Hospital: []										
	Currently Treated Illness	Is your child	No		Yes	[X	lf "Yes", p	please fill	out the	e followin	g section	. 」			
	Currently sated Illne	currently being	Diagn	OSIS											
	Cur eate	treated for an illness?	Does your o		D No	□ Yes		If "Yes", v		Type of	Г		1		
	Ļ		any medio					medicati		Medicine ^L					
		e anything else about nild's developmental/	□ No		Yes	[※	lf "Yes", p	lease fill	out the	e followin	g section	.]			
	health	condition that <u>needs</u>	L think m												
	childca	are or that you would	I think my child has been squinting more often to see things recently. The egg allergy does not occur when the eggs are cooked.												
	know?	e childcare facility to													
				Th	e followin	a is for	city off								
				111		9 15 101				•					
1	記録	之内 容								応	父・	母・祖シ	と・ 祖母		
										答		(父方	う・母方)		
										者	・その	D他()		

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