

Family Status Form

2025

Please fill in all applicable items in the bold frame.

Employment		Father's status				
		Place of employment (job offer) Name	○○○ Co., Ltd.		<input checked="" type="checkbox"/> Currently working <input type="checkbox"/> Informally offered	
		Place of employment (job offer) Address	○○ ▲-▲-▲, Edogawa Ward		▲-▲-▲,	
		Place of employment (job offer) Number	03 (××××) ××××		03	
		Type of occupation	Sales		Business	
Home ⇒ Workplace Commute time		One-way hours 30 minutes		One-way 1 hours 00 minutes		
Commuting method		<input checked="" type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle <input checked="" type="checkbox"/> Walk		<input checked="" type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Bicycle <input type="checkbox"/> Walk		
Expected delivery date (Required)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes [Expected Date of Birth: × DD × MM ×× YYYY] *Please submit a copy of the medical industry... Plans after maternity leave <input type="checkbox"/> Taking childcare leave <input checked="" type="checkbox"/> Returning to work <input type="checkbox"/> Job search <input type="checkbox"/> Withdrawing from nursery school *If you are expecting a baby, check one of the boxes. *If you are taking childcare leave, please enter the expected period of leave in the section below.				
Childcare Leave In the process of obtaining (planned)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Currently taking <input type="checkbox"/> Scheduled (DD/ MM/ YYYY~ DD/ MM/ YYYY) (×× DD/ × MM/ YYYY)				
Illness		Name of disease () Name of disease () <input type="checkbox"/> Inpatient/ <input type="checkbox"/> Outpatient from DD/ MM/ YYYY (Times <input type="checkbox"/> Monthly/ <input type="checkbox"/> Weekly) Planned duration of treatment: Approx. months months				
Mental and physical conditions		Disorder name () Disorder name () Handbook <input type="checkbox"/> No <input type="checkbox"/> Yes (Handbook Grade/ Degrees) Handbook <input type="checkbox"/> No <input type="checkbox"/> Yes				
Care and nursing		Relationship to the child applying () Relationship to the child applying () Name () Age () years Name () Age () years Name of disease () Name of disease () <input type="checkbox"/> Home <input type="checkbox"/> hospitalized <input type="checkbox"/> commuting to hospital <input type="checkbox"/> getting transported <input type="checkbox"/> Other () <input type="checkbox"/> Home <input type="checkbox"/> hospitalized <input type="checkbox"/> commuting to hospital <input type="checkbox"/> getting transported <input type="checkbox"/> Other ()				
Education		School name Location of school Period of study Enrolled MM YYYY Expected Completion Date MM YYYY Type of school <input type="checkbox"/> University <input type="checkbox"/> Vocational training school <input type="checkbox"/> Technical school <input type="checkbox"/> Japanese language school <input type="checkbox"/> Other () <input type="checkbox"/> University <input type="checkbox"/> Vocational training school <input type="checkbox"/> Technical school <input type="checkbox"/> Japanese language school <input type="checkbox"/> Other () Home ⇒ School Commute time One-way hours minutes Commuting method <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle <input type="checkbox"/> Walk <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle <input type="checkbox"/> Walk				
If Non-existent		<input type="checkbox"/> Bereavement <input type="checkbox"/> Divorced <input type="checkbox"/> Unmarried <input type="checkbox"/> Other () From DD/ MM/ YYYY				
Other (including disaster recovery, etc.)						
<<Please fill in all the fields below>>						
Public livelihood assistance		<input checked="" type="checkbox"/> Not receiving <input type="checkbox"/> Receiving <input type="checkbox"/> Applying (will start to receive from the)				
Status of grandparents		Name	Age	Current Situation	Daytime situation *Check one of the following	
Father's side of family	Grandfather	Edogawa Midosuke	58	<input checked="" type="checkbox"/> Living together (Reason for not being able to provide childcare: Work <input type="checkbox"/> Disability Certificate) <input type="checkbox"/> Living separately (Address:)	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Unemployed <input type="checkbox"/> Illness <input type="checkbox"/> Other	
	Grandmother	/ <input checked="" type="checkbox"/> Non-existent		<input type="checkbox"/> Living together (Reason for not being able to provide childcare: <input type="checkbox"/> Disability Certificate) <input type="checkbox"/> Living separately (Address:)	<input type="checkbox"/> Working <input type="checkbox"/> Unemployed <input type="checkbox"/> Illness <input type="checkbox"/> Other	
	Grandfather	Chuo Ichiro	65	<input type="checkbox"/> Living together (Reason for not being able to provide childcare: <input checked="" type="checkbox"/> Disability Certificate) <input checked="" type="checkbox"/> Living separately (Address: ▲-▲-▲, △△ City, ×× Prefecture)	<input type="checkbox"/> Working <input type="checkbox"/> Unemployed <input checked="" type="checkbox"/> Illness <input type="checkbox"/> Other	
	Grandmother	Chuo Rakuko	63	<input type="checkbox"/> Living together (Reason for not being able to provide childcare: <input type="checkbox"/> Disability Certificate) <input checked="" type="checkbox"/> Living separately (Address: Same as above)	<input checked="" type="checkbox"/> Working <input type="checkbox"/> Unemployed <input type="checkbox"/> Illness <input type="checkbox"/> Other	

Please fill out the details of employment.
Example) For the medical industry
...Doctor, Nurse, etc.
For the information services industry
...System engineer, Sales, etc.
For the transportation (shipping) industry
...Driver, Vehicle mechanic, Clerical work, Administration, etc.
For the social welfare service industry
...Nursery school teacher, Care (welfare) worker, Care worker (helper), etc.

Please check one of the followings, according to the situation at the time of application.
If you are planning to give birth, attach a copy of your Parent and Child (Mother and Child) handbook (the cover page and the page containing the expected date of delivery).

Also, make sure to fill in "Plans after maternity leave" section.
If you find out that you are pregnant after you have applied, please contact the Childcare Section, Division of Childcare as soon as possible.

If you have taken or are planning to take childcare leave, please check either [Currently taking] or [Scheduled].
Also, please indicate the period of childcare leave that has been confirmed at the time of application.

Please fill out this form if you are a single parent due to one of the following reasons: death, divorce, unmarried, missing, or detention.
Make sure to submit the documents proving this as well.

Please fill in the name, age (as of April 1 of the year in which you wish to enroll) and current status of the grandparents as seen by the child, and check one of the options for their daytime situation.

The reason is death or unknown, please check the box next to [non-existent].

If living separately within Japan, please fill in the address.

If living abroad, please fill in the name of the country.

Family status form [reverse sides]

<<Notes and pledge to return to work regarding enrollment and con

Be sure to sign it yourself.

Some important notes on application for admission (Transfer) to nursery school and after admission are outlined.

Please be sure to review all items and check the appropriate box.

I agree to the precautions below and reinstatement pledge.

×× DD/	× MM/	× YYYY	Name of parent/guardian (signature)	Edogawa Taro
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Precautions *Please read all items carefully and check the appropriate box.		Confirmation section
① Please be sure to submit all necessary documents for coordinating the use of nursery schools, licensed child day care centers, and community-based day care services (hereinafter referred to as "daycare facilities") by the due date. If documentation is not submitted, the applicant will not be eligible for utilization adjustments.		<input checked="" type="checkbox"/>
② Private childcare centers, centers for early childhood education and care, and community-based childcare services (hereinafter referred to as "private childcare facilities") have unique characteristics, depending on the facility. If you are interested in enrolling your child in a nursery school, please visit the nursery school with your child or have the childcare policy, etc. explained to you.		<input checked="" type="checkbox"/>
③ Some facilities have a maximum age limit for being eligible for care, and the actual period may be shorter than the preferred period.		<input checked="" type="checkbox"/>
④ In principle, private childcare facilities will conduct admissions starting from those who have it as their highest preference. (For details, see the page 22 of the "Guide to Admission"). The ward childcare centers will be adjusted from the one with the highest utilization adjustment index, not according to the order of preference.		<input checked="" type="checkbox"/>
⑤ The standards for admission-related decisions are determined by the employment status at the time of application. If you start working (except for cases of childcare leave) by the first day of the month following the month you wish for your child to enter nursery school, it will be treated as an unofficial offer of employment.		<input checked="" type="checkbox"/>
⑥ After enrollment, please re-submit an employment certificate or other documents in order to reconfirm employment and family situation. Adjustments will be made based on the assumption that the applicant's employment and family situation at the time of application will not change after the child's enrollment. If your work or family situation changes prior to the month your child is enrolled, the acceptance may be cancelled or your child may be withdrawn from nursery school.		<input checked="" type="checkbox"/>
⑦ If the contents of the application are not true, we may cancel the offer or decision to admit your child to the childcare facility. In addition, if you fail to have an interview and medical check up by the day before the enrollment, or if the results of the interview and medical check up indicate that group childcare is difficult, the the enrollment offer to the childcare facility may be cancelled.		<input checked="" type="checkbox"/>
⑧ If you withdraw your application or decline the offer, or if your household composition or employment situation has changed since the time of application, you must notify the ward.		<input checked="" type="checkbox"/>
⑨ Please note that if you are offered a place at a childcare facility after applying for a transfer, you will not be able to return to the childcare facility you are currently attending.		<input checked="" type="checkbox"/>
⑩ The hours indicated in the certification of need for childcare differ from the actual hours of care. The actual hours of care will be determined by the director of the facility after the admission decision is made, depending on the family's situation.		<input checked="" type="checkbox"/>
⑪ The period during which a child may attend the facility for reasons of job searching is three months from the date of enrollment. Please submit the proof of employment after the start of work by the 15th day of the third month. If a work certificate is not submitted, the child will be dismissed from the school.		<input checked="" type="checkbox"/>
⑫ The period during which a child can attend nursery school, etc. due to the mother undergoing childbirth is within a total of five months, including the month during which the baby is due and two months before and after.		<input checked="" type="checkbox"/>
⑬ The ward is not responsible for any delay, non-delivery, or loss of submitted documents due to communication environment or postal accidents. Please note that we will not be able to confirm the arrival of your documents by phone.		<input checked="" type="checkbox"/>
⑭ The requirement for continued enrollment at nursery schools, etc. is that the parent/guardian must be working, attending school, or providing nursing care for 48 hours or more per month (excluding transportation time and break time). If there is no longer a need for childcare, the child will be dismissed.		<input checked="" type="checkbox"/>
⑮ In principle, the child will also be withdrawn from nursery school, etc. in the following cases. <ul style="list-style-type: none"> ◆ If the child has not attended a childcare facility for more than two months and the need for daycare is not recognized ◆ If you move out of Edogawa Ward (however, if the prescribed filing procedures are followed, your child may be able to attend nursery school) ◆ If you don't submit the "documents confirming the necessity of childcare", which are checked periodically 		<input checked="" type="checkbox"/>
⑯ In principle, enrollment in daycare facilities is on a monthly basis, so the user's contribution (daycare fee) is also on a monthly basis. In case the child stops attending nursery school in the middle of the month due to withdrawal notification, etc., the monthly user fee (nursery fee) will still be charged.		<input checked="" type="checkbox"/>
⑰ If the user's payments (childcare fees) are overdue without a valid reason, the result of admissions-related decisions may be withheld.		<input checked="" type="checkbox"/>
⑱ If you wish to extend the period of receiving childcare services (the hours of childcare vary depending on the classification of standard hours and reduced hours) <ul style="list-style-type: none"> ◆ To apply for extended childcare at a public nursery school, you need to submit a separate "Extended Daycare Application Form". ◆ For extended childcare at private childcare facilities, you must apply directly to each school after receiving an admission offer. 		<input checked="" type="checkbox"/>
⑲ This application form is valid until the end of the school year of the month in which you wish to enroll your child at the school (until March). A separate application is required for enrollment from April of the following year.		<input checked="" type="checkbox"/>

Pledge to return to work *If you are returning to work after childcare leave or pre/postnatal leave, please be sure to fill out this form.		Confirmation section	
If my child is admitted, I will return to work by the first day of the month following the month of admission if I am on childcare leave, or after the end of maternity leave if I am on prenatal or postnatal leave, and submit a certificate of employment within two weeks of returning to work to prove this fact. I agree that if I do not return to work by the first day of the month following the month of enrollment, or after my maternity/paternity leave ends, with the same level of work content, hours and days as at the time of application, or if I do not submit an employment certificate within the set time period, the offer of admission will be cancelled and my child will be withdrawn from the childcare facility.		Father	Mother
*If you are offered admission, you must return to work even if you have a sibling who has not been offered admission or who has not applied for admission.		<input type="checkbox"/>	<input checked="" type="checkbox"/>

[For those who have not applied for childcare leave] If you have not applied for childcare leave, please check the box that indicates how your child is being taken care of.

☐ Childcare provider ☐ Certified childcare center ☐ Company-led childcare center ☐ Brought to workplace (includes telecommuting) ☐ Grandparents ☐ Other ()

If your child is not admitted to the nursery school, please check one of the following boxes (1-5) and fill in each item. (Except for 1-a, there will be no priority reduction in the enrollment screening.)	
<input checked="" type="checkbox"/> 1 I will extend childcare leave. ⇒ a. Accept the childcare leave extension (from 4_M_Y to 9_M_Y)/ b. Wish to return to work as soon as possible	
*Select a. If the number of applicants for the desired nursery exceeds the number of availabilities, we will adjust the use of the nursery by giving it a lower priority than other applicants for admission.	
*Select b. Regardless of the number of applicants for the desired nursery school, the utilization will be adjusted according to the household index, etc. (If the applicant is selected for admission, he/she must return to work by the first day of the month following the month of admission).	
<input type="checkbox"/> 2 The child(ren) will accompany with <input type="checkbox"/> Father's <input type="checkbox"/> Mother's ()'s workplace. ⇒ Childcare center available at workplace <input type="checkbox"/> Yes <input type="checkbox"/> None	
<input type="checkbox"/> 3 Applying for childcare provider services. (*0-year-old class only) ⇒ <input type="checkbox"/> Applied <input type="checkbox"/> Planning to apply	
<input type="checkbox"/> 4 Considering other ways to take care of the child. <ul style="list-style-type: none"> ⇒ <input type="checkbox"/> Parents <input type="checkbox"/> Grandparents <input type="checkbox"/> Relatives <input type="checkbox"/> Certified childcare center <input type="checkbox"/> Company-led childcare center <input type="checkbox"/> Other unlicensed childcare facilities (babysitters, family support, etc.) ⇒ If there is a specific facility you are considering, please provide the name of the facility. Facility name () 	
<input type="checkbox"/> 5 My child will continue attending the current childcare facility.	