

Family Status Form

2025

Please fill in all applicable items in the bold frame.

		Father's status		Mother's status	
Employment	Place of employment (job offer) Name	<input type="checkbox"/> Currently working <input type="checkbox"/> Informally offered		<input type="checkbox"/> Currently working <input type="checkbox"/> Informally offered	
	Place of employment (job offer) Address				
	Place of employment (job offer) Number	()		()	
	Type of occupation				
	Home ⇒ Workplace Commute time Commuting method	One-way hours minutes <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle <input type="checkbox"/> Walk		One-way hours minutes <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle <input type="checkbox"/> Walk	
Expected delivery date (Required)		<input type="checkbox"/> No <input type="checkbox"/> Yes [Expected Date of Birth: DD MM YYYY] *Please submit a copy of your parent-child (mother-child) health handbook.			
		Plans after maternity leave <input type="checkbox"/> Taking childcare leave <input type="checkbox"/> Returning to work <input type="checkbox"/> Job search <input type="checkbox"/> Withdrawing from nursery school (wish to enroll into nursery school only during childbirth period) *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 type="checkbox"/> No <input type="checkbox"/> Currently taking <input type="checkbox"/> Scheduled (DD/ MM/ YYYY~ DD/ MM/ YYYY)		<input type="checkbox"/> No <input type="checkbox"/> Currently taking <input type="checkbox"/> Scheduled (DD/ MM/ YYYY~ DD/ MM/ YYYY)	
Illness		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		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	
Mental and physical conditions		Disorder name () Handbook <input type="checkbox"/> No <input type="checkbox"/> Yes (Handbook Grade/ Degrees)		Disorder name () Handbook <input type="checkbox"/> No <input type="checkbox"/> Yes (Handbook Grade/ Degrees)	
Care and nursing		Relationship to the child applying () Name () Age (years) 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 ()		Relationship to the child applying () Name () Age (years) 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 ()	
Education	School name				
	Location of school				
	Period of study	Enrolled ____MM ____YYYY Expected Completion Date ____MM ____YYYY		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 Commuting method	One-way hours minutes <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Motorcycle <input type="checkbox"/> Bicycle <input type="checkbox"/> Walk		One-way hours minutes <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		<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 type="checkbox"/> Not receiving <input type="checkbox"/> Receiving <input type="checkbox"/> Applying (will start to receive from the ____MM/ ____DD/ ____YYYY)			
Status of grandparents		Name	Age	Current Situation	Daytime situation *Check one of the following
Father's side of family	Grandfather	/ <input 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
	Grandmother			<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
Mother's side of family	Grandfather	/ <input 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
	Grandmother			<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

<<Notes and pledge to return to work regarding enrollment and continuation in nursery schools, licensed child day care centers, and community-based day care services>>

I agree to the precautions below and reinstatement pledge.

DD/

MM/

YYYY

Name of parent/guardian (signature)

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.
- 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.**
- ③ Some facilities have a maximum age limit for being eligible for care, and the actual period may be shorter than the preferred period.
- 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.
- 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.
- 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.
- 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 enrollment offer to the childcare facility may be cancelled.
- 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.
- 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.**
- 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.
- 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.
- 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.
- 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.
- 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.
- ⑮ **In principle, the child will also be withdrawn from nursery school, etc. in the following cases.**
◆ 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
- 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.
- ⑰ If the user's payments (childcare fees) are overdue without a valid reason, the result of admissions-related decisions may be withheld.
- 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)
◆ 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.
- 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.

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.

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 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.

*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.

Confirmation
section

Father

Mother

☐☐**[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.)

- ☐ 1 I will extend childcare leave. ⇒ ☐ a. Accept the childcare leave extension (from ___M___Y to ___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).
- ☐ 2 The child(ren) will accompany with ☐ Father's ☐ Mother's ()'s workplace. ⇒ Childcare center available at workplace ☐ Yes ☐ None
- ☐ 3 Applying for childcare provider services. (*0-year-old class only) ⇒ ☐ Applied ☐ Planning to apply
- ☐ 4 Considering other ways to take care of the child.
⇒ ☐ Parents ☐ Grandparents ☐ Relatives ☐ Certified childcare center ☐ Company-led childcare center ☐ 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 ()
- ☐ 5 My child will continue attending the current childcare facility.