

Child Status Report 児童状況届

【 Example 】

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

Name of the Applicant Child	Hanako Tokushima	Date of Birth: (YYYY/MM/DD)	[2019 / 4 / 3]
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① Childcare Situation

Current Childcare Situation	Provided by Parent/Guardian	<input checked="" type="checkbox"/> At home	Who?	<input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother	Maternity/Childcare Leave End Date	2023 / 3 / 31	
		<input type="checkbox"/> At work	Details	<input type="checkbox"/> Using daycare facility at work	<input type="checkbox"/> Providing care while working (e.g. at own business)		
		<input type="checkbox"/> Other	Details				
	Provided by Someone Else	<input type="checkbox"/> A relative	Relation				
		<input type="checkbox"/> Someone other than a relative	Relation				
		<input type="checkbox"/> Certified childcare facility in the city	Facility Name	Start Date	/ /		
		If using on-site childcare services at a business		<input type="checkbox"/> Regional quota	<input type="checkbox"/> Employee quota		
		<input type="checkbox"/> Certified facility outside of the city	Facility Name	Start Date	/ /		
		<input type="checkbox"/> Non-certified childcare facility	Facility Name	Start Date	/ /		
		<input type="checkbox"/> Temporary	Facility Name	Start Date	/ /		
<input type="checkbox"/> Kindergarten	Facility Name	Start Date	/ /				
<input type="checkbox"/> Other ()							
Any past experiences with group childcare? (Other than above)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes", please fill out the following section)	Facility Name	Tokushima City ●● Nursery School	Usage Period	2020 / 4 / 1 to 2021 / 3 / 31		
Have you used an educational therapy facility?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If "Yes", please fill out the following section)	Facility Name	●● Child Development Support Center	Usage Period	2022 / 4 / 1 to / /		

If there are several, please write the most recent.

If there are several, you may find an empty space elsewhere on this form to list them all.

If you choose to "enroll all children in the same month", you must check one of the boxes next to "Facility Assignment".

Please write the workplace name & working time of the grandparents that live in a separate residence. (Employment certificates not required)

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 checked="" type="checkbox"/> I would like to enroll all children in the same month (*All children will wait even if only one child cannot be enrolled.)
		Facility Assignment
	If you will accept enrollment in different months	<input checked="" type="checkbox"/> I will accept enrollment at different facilities if necessary
If you are not applying for the other children, please explain why	<input type="checkbox"/> Already using a facility (certified, non-certified, temporary, etc.)	<input type="checkbox"/> Relative providing childcare
	<input type="checkbox"/> Using workplace daycare	<input type="checkbox"/> Providing care while working (e.g. at self-owned business)
	<input type="checkbox"/> Other (Details:)	

③ Future Childbirth Plans

Are you expecting?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Expected delivery date:)
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④ Status of Grandparents Living in a Separate Residence

	Name	Relation	Age	Address	Transportation/Time to Applicant Child's Home (Only if living in the city)		Workplace & Work Hours		Health Condition	
					Transportation	Travel Time	Workplace	Work Hours	Normal	Poor
Paternal	(Passed away)	Grandfather							<input type="checkbox"/> Normal <input type="checkbox"/> Poor	<input type="checkbox"/> Other ()
	(Same residence)	Grandmother							<input type="checkbox"/> Normal <input type="checkbox"/> Poor	<input type="checkbox"/> Other ()
Maternal	Haruo Yoshino	Grandfather	64	5-1, ●●-cho, Awa	Car	5 mins.	Self-employed (agriculture)	140 hrs/month	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Poor	<input type="checkbox"/> Other ()
	Akiko Yoshino	Grandmother	67	Same as above	Bicycle	15 mins.	●● Hospital	120 hrs/month	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Poor	<input type="checkbox"/> Other ()

⑤ Other Information Related to Childcare Facility Use

How will transportation be provided for the child?	Main Provider	Drop-off	Father	Method	<input checked="" type="checkbox"/> Car <input checked="" type="checkbox"/> Bicycle <input type="checkbox"/> Walking <input type="checkbox"/> Public transp.	Travel Time	15 mins.
		Pick-up	Mother	Any transportation restrictions?	Mother: no driver's license (e.g. do not own a car, etc.)		
Alternative childcare plans if on standby	<input checked="" type="checkbox"/> Extend childcare leave (until 2023 / 10 / 31) <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 write the information of your top preferred facility.						

※ Please fill out the other side

