

Dear Executive Director(Financial and General Affairs) of Hiroshima University:

I hereby apply for enrollment of my child in Hiroshima University Kodomo Club.

[Please check the appropriate items and fill in the required information in parentheses.]

Individual Number		Desired Campus	<input type="checkbox"/> Higashi-hiroshima <input type="checkbox"/> Kasumi
in hiragana		Job Title	
Applicant's full name		Extension No.	
Affiliation		Phone	
Home address			
Email*	* It is recommended to enter your Hirodai email address or other address that allows you to send/receive emails on your computer (because Microsoft Excel and PDF files will be sent/received).		
Mailing list registration*	<input type="checkbox"/> Want to register <input type="checkbox"/> Do not want to register <input type="checkbox"/> Already registered		
	* Information about Kodomo Club and the Financial Support Program for Day-care Service for Convalescent Infants will be emailed to registrants at the entered address.		
in hiragana	Gender	Date of birth(M-D-Y)	
Relevant child's full name	<input type="checkbox"/> M <input type="checkbox"/> F		
School name	<input type="checkbox"/> Higashi-Hiroshima City Municipal <input type="checkbox"/> Hiroshima City Municipal <input type="checkbox"/> Other (Prefectural/Municipal/Private)) () Elementary School () grade		
Reason why you need child care services	<input type="checkbox"/> No one is at home to supervise the relevant child because both parents are at work. <input type="checkbox"/> No one is at home to supervise the relevant child because I am a working single parent. <input type="checkbox"/> No one is at home to supervise the relevant child because all family members are at work. <input type="checkbox"/> Other (If any of the above-mentioned reasons does not apply, please provide details. ()		
Enrollment in a local after-school care center	<input type="checkbox"/> Enrolled (Institution's name:) <input type="checkbox"/> Not enrolled (Reason:)		
Enrollment in an accident insurance plan	(Attention) Enrollment in an accident insurance plan is indispensable for enrollment in the Kodomo Club. <input type="checkbox"/> Hiroshima Prefectural PTA Elementary and Junior High School Students' Comprehensive Insurance Plan <input type="checkbox"/> Hiroshima City Municipal PTA Elementary and Junior High School Students' Comprehensive Insurance Plan <input type="checkbox"/> Other(accessory contract, etc.) (Insurance plan name:)		
Please answer these questions only when enrolling multiple children in the Kodomo Club.	Simultaneous enrollment of siblings may not be possible due to the quota for the Kodomo Club. In this case, how do you want to deal with their enrollment? <input type="checkbox"/> I want to have even one child enrolled. <input type="checkbox"/> First priority is given to this child. <input type="checkbox"/> First priority is given to another sibling. <input type="checkbox"/> If simultaneous enrollment of siblings is not possible, I will decline the application.		
Bento lunch orders	<input type="checkbox"/> I might order bento lunch. <input type="checkbox"/> I might not order bento lunch. * This is a preliminary survey to give the lunch supplier a rough estimate. 1. At this stage, if you might order a bento lunch even once, please check "I might order bento lunch." If you have no intention to order, please check "I might not order bento lunch." 2. This is not a lunch order form. Note that a lunch order will be taken on the day your child attends the Kodomo Club.		
Relevant child's family status : Family structure(including the child's parent living apart from the family for the sake of his/her job)			
Full name	Relationship to child	Workplace name, school name, grade, etc. (If a family member living together with the child works at Hiroshima University, please enter the name of the placement or affiliation.)	
○ For handwriting, write in a clear, block style. The name of the affiliation needs to be written correctly for smooth delivery by in-campus mail. ○ Personal information on the application form will be used only for the purpose of operating the Kodomo Club.			

Individual Number	Applicant's full name	Child's full name

★ Draw a circle in cells of your desired Campus and dates.

Day of the week	Thu	Fri	Mon	Tue	Wed	Thu	Fri	Mon	Tue	Total number of days
Date	3/26	3/27	3/30	3/31	4/1	4/2	4/3	4/6	4/7	
Higashi-Hiroshima Campus										
Kasumi Campus										

(Attention)

* When applying, please indicate desired dates of use for each child.

* Please inform the Kodomo Club on whether or not you will order a bento lunch that day using the communication card (renraku kado).

* **Before applying, please check your child's school schedule, including end-of-term assembly, first-day assembly, and dates on which students attend school during vacation.**

★ Agreement on payroll deduction of child care service fees

In principle, child care service fees are to be paid through payroll deduction. Please read "Payroll Deduction" below and select "I agree to Payroll Deduction."

[Payroll Deduction]

I hereby agree to pay the following child care service fees in a lump sum through payroll deduction: for the requested dates shown above, the fees for services provided on the days indicated in the Acceptance Letter; and additional child care service fees in case the number of days on which I use the services exceeds the number of days indicated in the Acceptance Letter due to changes in the schedule.

I agree to Payroll Deduction.

I do not agree to Payroll Deduction.

* If you selected "I do not agree to Payroll Deduction," please contact the Gender Equality Promotion Office to discuss another payment method.

★ If there is anything that you would like to inform the Kodomo Club in advance (religious habits, allergies, diseases, etc.) or anything to which you want the Kodomo Club to give special consideration, please provide details.

**This club has a snack time every day. If your son/daughter has foodstuffs restricted by religion or allergy, please list in this column.*