受領者名

Application for Matsudo City After-school Kids Club (SAMPLE)

		er Guide for Matsu	are entry in ter	5011001	rad crab c	arcially b	oror approxime	
					DATE: Year	20 0 /	Month 11/Day 1	
(To) Mayor of Applicant's Infor		year. (Yo	ou can confir	m the o	current "parer	nt name" (cant name as the previous on the envelope of the dren & Youth Div.)	
Address	Address = \frac{\pi 271-8588}{387-5 \text{ Nemoto, I}}		'		Name of Parent/Guardian※		Taro Kosodate	
Phone Number		047-366-7464 (Father) △△△ - △△∠ Mother) □□□-□□□		Email Address		mcibasho@city.matsudo.chiba.		
I would like to	•	※Parent/Guardia are applying for a confor my child's use	tinuing use of	the serv	ice, plea	April 1 of	-school Kids Club usage feed upcoming year to start at If the new school year	
Name of the Club		Tonohiraga	After-school k	Start Date		te _{Year} 2	0 A / _{Month} 4 / _{Day} 1	
Name of Student		Ichiro Kosodat	Kosodate		Application Type	on	ew · Continuing	
Date of Birth		Year 20■■ / Month ■ / Day			Gender		Male · Female	
Name of the School		Tonohiraga Elementary Sch			New . Applying for the first time			
Health Condition (Allergies, etc.)		Egg allergy Continuing: Used/using the club Describe any health conditions that requires attention						
Reason for App	lying	✓For employment						
Members of the family (all that live together with the child)		Name	Relationship to the child	Date of Birth		Name of Company/School/Childcare Facility		
		Taro Kosodate	Father	19▲▼	7 / X / ▽	· · ·		
		Hanako Kosodate	Mother	19▲\	19▲▼/ ▽/ X		♦♦♦ inc.	
		Jiro Kosodate	Brother	20 🔻	V / O/ \Box	000	Nursery School	
with the chilo	1)				mily member e student's pe			
with the chilc	1)							
I agree to the fol 1. I will pay 2. I will abid 3. I agree to	lowing the Afte	terms and condition er-school Kids Club erules, regulations, ensent form for the 2 his application doc	ns and apply. fee by the duand the ope	rom the	e student's pe	rspective		
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