

Evaluation for the Selection in Day Care Club

yy mm dd

Mark in the following appropriate reasons to apply for the day care club:

Address	
Name of Child	Name of Guardian

1 Mother, Father or Guardian each one has to fill in the following boxes respectively. Mark in the condition applied, Include the commuting time in the working hours.

Type of Work		Working Condition		Insert <input type="radio"/> in the applicable boxes		
				Father	Mother	
W O R K I N G D E T A I L S	Commen cing business outside one's living place	salary-person or self- ownedbusiness person(Empl oyer)	Working for 5days or more in a week	When work finishes after 5PM.		
				When work finishes after 3PM and Before 4PM.		
				When work finishes after 4PM and Before 5PM.		
			Working for 4days or more in a week	When work finishes after 5PM.		
				When work finishes after 3PM and Before 4PM.		
				When work finishes after 4PM and Before 5PM.		
		Self-owned business (as a worker, not receiving a salary)	Working for 5days or more in a week	When work finishes after 5PM.		
				When work finishes after 3PM and Before 4PM.		
				When work finishes after 4PM and Before 5PM.		
			Working for 4days or more in a week	When work finishes after 5PM.		
				When work finishes after 3PM and Before 4PM.		
				When work finishes after 4PM and Before 5PM.		
Working for 3days or more in a week	When work finishes after 5PM.					
	When work finishes after 3PM and Before 4PM.					
	When work finishes after 4PM and Before 5PM.					
Disease		Hospitalized				
		Under medical treatment(in home)	Bedridden			
			Mentally or physically ill due to infection			
			Visiting Hospital			
Diabilities		Handbook of disability or mental disability Level 1 or 2 Ai no techo Level 1,2,3				
		Handbook of disability or mental disability Level 3 or 4 Mental disability handbook Level 3 Ai no techo Level 4				
		Taking care of a hospitalized patient for more than a month				
		Taking patient to the hospital for more then a month				
Nursing or Patient escort		Taking care of a patient at home than a month				
		Number of days will be as per the maternity leave decided by the Labors Standerd Law				
		Under Job search		To find the job one has to be out of house		
Others		Disaster		House has been damaged in disaster or it is under construction		

2 Mark O in the appropriate boxes as per the evaluation point:

(2) Children with disabilities, etc.

Description	Applicable
Children with disabilities, etc	

(3) Household condition

Description	Applicable
Single parent or no parent	
Either parent transferred away from	

(4) Preference for day care club outside the municipal elementary school district

Description	Applicable
Prefer day care club corresponding to the municipal elementary school district established by the board of education(including adjacent areas)	

(5) Children's situation

Description	Applicable
Children is required 5 days a week, but available 3 days a week.	
Children is required 6 days a week, but available 4 days a week.	
Children is required 5 days a week, but available 3 days a week.	
Children is required 6 days a week, but available 4 days a week.	
Children is required 6 days a week, but available 5 days a week.	
Must leave the schoolchildren's day care club by 4:00 PM (including 4:00 PM) at least once a week due to regular lessons, etc.	