

Application Form for Admission From April 2026 to March 2027

Submission Address (Acceptance by Mail Only): To the Admission Receptionist,

Early Childhood School Shalom Shin-Nakano, 6-15-17 Honcho, Nakano-ku, Tokyo 164-0012

Application for Admission - Child 1

ふりがな	Gender	Date of Birth	Age as of April 1, 2026
Child's Name		Yr年 Month月 Delivery Date	歳

Application for Admission - Child 2

ふりがな	Gender	Date of Birth	Age as of April 1, 2026
Child's Name		Yr年 Month月 Delivery Date	歳

ふりがな	Relationship	Address (registered in Japan)
Parent Name ()		〒
ふりがな		Telephone number
Parent Name ()		(Plan to relocate Yr年 Mon月 New Address:)

Preferred Admission Month	Yr Month	Desired Dyas	<input type="checkbox"/> 月Mon <input type="checkbox"/> 火Tue <input type="checkbox"/> 水Wed <input type="checkbox"/> 木Thu <input type="checkbox"/> 金Fri <input type="checkbox"/> 土Sat
Preferred Usage Time	:	~	まで
Application to Registered Daycare	<input type="checkbox"/> 無 Not Applied <input type="checkbox"/> 有Applied <input type="checkbox"/> 今後予定しているPlanned for future		

※Note: Changes to desired days or times after the application may not e accommodated.

Health and Development Conditions		Child's Name	Child's Name	
Medical history and Constitutional Characteristics	Is the Child currently undergoing treatment or observation for any illnesses?	No Yes ()	No Yes ()	
	Past Seizures?	No Yes (Year Month)	No Yes (Year Month)	
	Has there been any specific indication from previous health check	No Yes () Yes (Year Month)	No Yes () Yes (Year Month)	
	Allergies	Has the child shown allergic symptoms due to food consumption?	No Yes ()	No Yes ()
		Are there any other allergies?	No Yes ()	No Yes ()
	Other Concern	Are there any concerns about physical or language development?	No Yes ()	No Yes ()
If there are any other concerns regarding your child's condition, please indicate here.				

Expiration Date: March 31, 2027

For Early Childhood School Shalom Shin-Nakano

For 2026 School Year

Family Situation Form for Admission Application for the 2026 School Year

Child's Name ()

Child's Name ()

Parent/Guardian Name (Relationship)	Parent/Guardian 1 ()	Parent/Guardian 1 ()
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Employment (Please fill even if on childcare leave)

Employment Type	Full-time • Part-time (Part-time/Temporary) • Non-regular Employment • Dispatch Telecommuting • Self-Employed • Other ()	Full-time • Part-time (Part-time/Temporary) • Non-regular Employment • Dispatch Telecommuting • Self-Employed • Other ()
Workplace Name:		
Location:		
Phone Number:		
Job Type/Description:		
Work Days:	Monthly • Weekly Days	Monthly • Weekly Days
Working Hours: From:	AM/PM : AM/PM : Rotational (Shift) Work: None • Available	AM/PM : AM/PM : Rotational (Shift) Work: None • Available
Commute Time	from Nursery to Workplace (One Way):	from Nursery to Workplace (One Way):
Shortened Work Hours for Childcare:	Applied for Shortened Work Hr	Planned • None
	Period:	From Yr年 Mon月 Day日 to Yr年 Mon月 Day日
	Work Days/Hours:	Week Day : ~ :
	Childcare Leave (Planned): Planned • None • Going back to work on: Yr Month Day	
■ Schooling		
就学	School Name:	
	Location:	Ward/City Travel Time Minutes
	School Days/Hour	Week Day from to
	School Period:	From to
■ Other Circumstance	Job Hunting 2. Under Medical Treatment 3. Care Leave	Job Hunting 2. Under Medical Treatment 3. Care Leave
	4. Others ()	4. Others ()
Childcare Situation:	<input type="checkbox"/> Family Members: Father • Mother • Grandfather • Grandmother • Others () <input type="checkbox"/> Facility: Certified Nursery • Other Non-Certified Facility • Certified • Others () Facility Name () Period: From to (Checked as 'Attended' or 'Did Attend')	

Remarks (Please write any additional information you want to inform the nursery about):

If you need further assistance or have any specific section to be clarified, feel free to ask!