Application Form for Admission From April 2027 to March 2028

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, 2027**
Child's Name		Yr年 Mo月 Day日	Yrs Old歳

Application for Admission - Child 2

ふりがな	**Gender**	**Date of Birth**	**Age as of April 1, 2027**
Child's Name		Yr年 Mo月 Day日	Yrs Old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 Mo月 New Address: ）

Preferred Admission Month	Yr Mo	Desired Dyas	□月Mon □火Tue □水Wed □木Thu □金Fri □土Sat
Preferred Usage Time	: ～ : まで		
Application to Registered Daycare	□無 Not Applied □有Applied □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 Concerns	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, 2028

For Early Childhood School Shalom Shin-Nakano

Family Situation Form for Admission Application for the 2027 School Year

Child's Name （ ）

Child's Name （ ）

Parent/Guardian Name (Relationship)	Parent/Guardian 1	Parent/Guardian 1
	（ ）	（ ）

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 Mo月 Day日 **to** Yr年 Mo月 Day日	
	Work Days/Hours: Week Day : ～ :	
Childcare Leave (Planned): Planned・None・Going back to work on: Yr Mo Day		

■ Schooling 就学				
Location:	Ward/City	Travel Time: Min.	Ward/City	Travel Time: Min.
School Days/Hours:	Week Day from to		Week Day from to	
School Period:	From to		From to	

■ Other Circumstances	Job Hunting 2. Under Medical Treatment 3. Care Leave	Job Hunting 2. Under Medical Treatment 3. Care Leave
	4. Others（ ）	4. Others（ ）

Childcare Situation:	☐ Family Members: Father・Mother・Grandfather・Grandmother・Others ( ) ☐ 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!