

Application form of After school Open Square (Please make one for each registered child)

Bord of Education of Hirakata City
Chairman

**Entry
example.**

Reiwa ○year ○month ○day

Furigana Hirakata Hajime
Full name Hirakata Hajime (Family relationship : Father)
〒 5 7 3 — ○○○○
Address 1 - 1 - 1 △ Cho, Hirakata City
Telephone 0 9 0 (□□□□) ◇◇◇◇

If your child is enrolled in a support school or a private elementary school, please enter together elementary school of After school Open Square your child is attending.

【Important】 (Acknowledgement of the content regarding the handling of personal information and the attached consent items.)
I accept the terms of consent attached and present by agreeing that contents described below will use for the operation of After school Open square.
 Accept (Please put)

Regarding registered child	Furigana	Hirakata Tarou	Sex	(M) · W
	Full name	Hirakata Tarou	Date of birth	Heisei○○year○○month○○day
	Name of school	Hirakata City ○○elementary school	2 Grade (Enter the grade of the relevant year)	
	Whether entered to the Room of Association of Children of a Family away from home or not.	(Yes) · No	Whether extended childcare in the Room of Association of Children of a Family away from home or not.	(Yes) · No

Please enter brother and sister (Only primary school student)	Furigana	Hirakata Kirara	Registration for After school Open Square	Furigana	Registration for After school Open Square
	Full name	Hirakata Kirara	(Yes) · No	Full name	(Yes) · No
	3 Grade (Enter the grade of the relevant year)			Grade (Enter the grade of the relevant year)	

Emergency Contact	Turn	Furigana	Family relationship	Please enter telephone number of parents to whom contact can be made during the time of implementation of After school Open Square. (Multiple numbers can be entered)	
		Full name			
	1	Hirakata Kikuko	Mother		<input checked="" type="checkbox"/> Home (0 7 2 - △△△△ - □□□□)
		Hirakata Kikuko			<input checked="" type="checkbox"/> Cell Phone (0 8 0 - ○○○○ - △△△△) <input checked="" type="checkbox"/> Work place (Hirakata Co. Ltd. 0 7 2 - △△△△ - □□□□)
2	Hirakata Hajime	Father	<input checked="" type="checkbox"/> Home (Same as above)		
	Hirakata Hajime		<input checked="" type="checkbox"/> Cell phone (0 9 0 (□□□□) ◇◇◇◇) <input checked="" type="checkbox"/> Work place (Osaka Co. Ltd. 0 7 2 - △△△△ - ○○○○)		

※Regarding registered child, please enter to the items corresponding to those described below.

Having pocketbook (Handicapped person pocketbook. Health and Welfare pocketbook of Mentally Disabled. Nursing pocketbook.)

Enrolled in a support school (Scheduled) Use Tsukyu instruction classroom (Scheduled)

Having a physical illness Symptoms etc. ()

Having food allergies → Having Epi-Pen. Place of Epi-Pen. ()

Others (Please provide details mentioned in above or any other concerns you may have.)

A child has an intellectual disability and is enrolled in a support class. Most of the instruction go through, but please try to speak slowly.

Nothing special.