第１０号様式（第１１条関係）

**一 般 登 録 早 朝・夕 方 延 長 利 用 申 請 書**

東京都北区長　殿

下記のとおり、一般登録の早朝利用・夕方延長利用の申請をします。

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| 申請日(西暦) |  |  | |  | |  | | 年 | |  | |  | | 月 | |  | |  | 日 | 申請区分 | | | | いずれかにチェック ▶　　□　新規　　□　継続 | | | | | | | | | | | | |
| 住所 | 〒 |  | |  | |  | | － | |  | |  | |  | |  | |  | | | | | | | | | | | | | | | | | | |
| 携帯電話  番号等 | 保 護 者 １ | | | | | | | | | | | | | | | | | | | | | | | 保 護 者 ２ | | | | | | | | | | | | |
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| 申請児童 | フ リ ガ ナ | | | | | 生 年 月 日 | | | | | | | | | | | | | | | | | 在籍している（する予定）  の小学校名・学年 | | | | | | | | | | | | | | | | | | （新1年生の場合）通園している幼稚園・保育園 | | | | | | | | | | | | | |
| 氏　　名 | | | | |
|  | | | | | 年(西暦) | | | | | | | 月 | | | | | 日 | | | | | 小学校 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
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| （新）　　　　　　　年生 | | | | | | | | | | | | | | | | | |
| 家庭からわくわく☆ひろばまでの時間 ▶　　片道｜約　　　　　　　　分 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 保護者１ | フ リ ガ ナ | | | | | 続柄 | | | 利用を希望する理由 | | | | | | | | | | | | | | | | | | | 保護者１の就労先 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏　名 | | | | |
|  | | | | |  | | | □就労　□出産予定  □疾病・障害　□看護・介護  □学生・技能習得　□求職中  □その他（　　　　　　　） | | | | | | | | | | | | | | | | | | | 名称 | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| 電話 | | | | |  | | |  | |  |  | | | ー |  | |  |  |  | | ー |  |  | |  |  |
| 就労先からひろばまで（片道） | | | | | | | | | | | | | | | | | | | | | 約　　　分 | | | | | |
| 保護者２ | フ リ ガ ナ | | | | | 続柄 | | | 利用を希望する理由 | | | | | | | | | | | | | | | | | | | 保護者２の就労先 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏　名 | | | | |
|  | | | | |  | | | □就労　□出産予定  □疾病・障害　□看護・介護  □学生・技能習得　□求職中  □その他（　　　　　　　） | | | | | | | | | | | | | | | | | | | 名称 | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 所在地 | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 電話 | | | | |  | | |  | |  |  | | | ー |  | |  |  |  | | ー |  |  | |  |  |
| 就労先からひろばまで（片道） | | | | | | | | | | | | | | | | | | | | | 約　　　分 | | | | | |
| 申請内容 | 利用を希望する延長区分・月にチェックしてください（**月を指定する場合には、利用する月の欄にチェック（複数可）**） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 延長区分 | 通年 | | ４月 | ５月 | | | | | ６月 | | | | | ７月 | | | | | ８月 | | | | | | ９月 | | | | 10月 | | | | | 11月 | | | | | 12月 | | | | １月 | | | | ２月 | | | | ３月 | | |
| 早朝延長 | □ | | □ | □ | | | | | □ | | | | | □ | | | | | □ | | | | | | □ | | | | □ | | | | | □ | | | | | □ | | | | □ | | | | □ | | | | □ | | |
| 夕方延長 | □ | | □ | □ | | | | | □ | | | | | □ | | | | | □ | | | | | | □ | | | | □ | | | | | □ | | | | | □ | | | | □ | | | | □ | | | | □ | | |
| 土曜日利用を希望する場合は右欄の利用する日にチェック　▶ | | | | | | | | | | | | | | | | | | | | | | | | | □第１　□第２　□第３　□第４　□第５　土曜日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 同居家族 | 保護者１、２以外に同居家族がいる場合には、下欄にその方全員を記入してください | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | | | | | | | 続柄 | | | | | | 生年月日(西暦) | | | | | | | | | | | | | | | | | | | | | | | 職業・学校（学年）・在園名等 | | | | | | | | | | | | | | | | | |
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| 申請児童の  発育状況等 | | | お子さんの病気やアレルギー、発育などで心配なことがある場合は、その内容をご記入ください  内容 ▶ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| お持ちの場合は記入　▶　身体障害者手帳（　　　　　級）　　東京都愛の手帳（　　　　　度） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 生活保護の状況 | | | 生活保護の適用がある場合にはチェック　▶　□　適用あり | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 備考 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

●　児童の住所が保護者の住所と異なる場合等は備考欄に記入してください。

【区処理欄】※　ここは記入しないでください

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| 受理者 | ひろば名 | | | 確認者 | 館長・所長 | 事務局担当者 | |
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| 受付番号 | 登録日 | 登録番号 |
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