Financial Support for Temporary Childcare Services

Extract 2

Application Form for Students

Date:

Student ID No:

Name:

df

Faculty/School/Year:

E-mail Address:

Tel:

Child’s Name:

Child’s Age:

　　　　　　 Years old

Name of the place where the childcare service is planned to take place or name of the babysitter company:

\*1) When you apply for this service for the first time or change the place where the childcare service had taken place or the

babysitter company, you must attach a copy of the contract with the above-mentioned company.

\*2) If there is no contract to be provided, please attach a copy of a document to prove that you have actually applied for the

childcare services.

\*3) After using the services, you must submit the invoice or receipt to the university within 10days.

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| Dates for Childcare Service Use | Service Content [1]-[4] |
| Date　 　 Time ： –　： |  |
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1. The Dates for Childcare Service Use must be within academic or research terms. If you want to use childcare

services during weekends for attending study groups or conferences, you must submit a certificate of attendance.

(2) Please choose the item below and indicate the number of the Service Content.

[1] Temporary Childcare　[2] Extended Daycare　[3] Babysitting at Home　[4] Other

【Bank Account Information】Circle the number for Type of Account and

Account Holder’s name. (You may omit if you have already submitted them before.)

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bank Name |  | | | | | | | Branch | | | |  | | | | | |
| Bank Code | |  |  |  | |  | | | Branch Code | | | |  | |  | |  |
| Type of Account | 1.　Savings Account　　　　2.　Checking Account | | | | | | | | | | | | | | | | |
| Account No (7 digits) |  | |  | |  | |  | | |  |  | | |  | |  | |
| Account Holder’s Name | 1.　Same as the above　　　2.　See the name below | | | | | | | | | | | | | | | | |
| (*Furigana*) | | | | | | | | | | | | | | | | |

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| Educational Affairs Division/Affiliated School | Diversity Promotion Office |
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Please sign if you agree to accept the registration above.