Financial Support for Temporary Childcare Services

FY2024

Extract 1

Registration Form for Students

Date:

Name of an Alternative Guardian:

Child’s Name:

Tel:

Name:

df

Student ID No:

Faculty/School/Year:

Home Address:

E-mail Address:

Child’s Age:

　　　　　　 　　　　　　　　Years old

Place of Work or Name of School of the Alternative Guardian:

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| **Attached documents when applying for registration** | | | |
| ● All applicants | | □ | Maternity handbook(Cover page and birth certificate【Names of parents and children】copy of page) ※If you do not have a maternal and child health handbook, please bring your resident card.(List for all family members) |
|  | ■ If your spouse is working or studying | □ | Spouse's certificate of employment or enrollment |
| ■ If you apply for use while on leave of absence | □ | Documents indicating the expected time of return to school and the expected time of return to school (Explanation, etc. from the supervisor in charge or equivalent) |
| ■ If your spouse is not working or studying | □ | Spouse tax exemption certificate (If you are currently unemployed but had income in the previous year, please also submit a retirement certificate, etc.) and a specific explanation of the reason why this support is required. |

※Continuing users from the previous year are also required to submit a registration application and attached documents each year.

※Use must be during school/research hours. When using the facility to participate in study sessions, academic conferences, etc. on holidays, we may ask for proof of participation.

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Please sign if you agree to accept the registration above.

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| Educational Affairs Division/Affiliated School | Diversity Promotion Office |
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