|  |  |  |  |
| --- | --- | --- | --- |
| 事業部 | 事務局 | 受付者 | 受付日 |
|  |  |  | / |

様式第1号（第6条関係）

田尻町放課後児童クラブなかよし学級入会申請書 別紙①

**入会理由証明書**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | **提出日**　令和 | | | | | | | | | | | | | | | | |  | | | | 年 | | | | | |  | | | | | | | | | 月 | | |  | | | | | | | | 日 | |
| 対象者氏名 |  | | | （続柄： | | | | |  | | | | | ） | | | | 児童氏名 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭外労働 | 1. 常勤　　2. パート　　3. 日雇　　4. 自営業（自宅周辺以外）　　5. 漁業　　6. 農業 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 勤務先 | | | 事業所名 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 業種 | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 所在地 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ℡ | | | | | | | |  | | | | | | | | | | | | | | | | |
| 就労開始 | | | | | 令和・平成・昭和 | | | | | | | | | | | | | |  | | | | | | | 年 | | | | | |  | | | | | | | | | 月 | | | | | | |  | | | | | | | | 日 | | | |
| 勤務時間 | | | 平日 | | | | |  | | | | | | 時 | | | | |  | | | 分 | | | | | | | ～ | | | | | |  | | | | | | | | | 時 | | | | | | |  | | | | | | | | 分 | | | |
| 土曜日 | | | | |  | | | | | | 時 | | | | |  | | | 分 | | | | | | | ～ | | | | | |  | | | | | | | | | 時 | | | | | | |  | | | | | | | | 分 | | | |
| 就労日数 | | | 月平均 | | | | |  | | | | | 日 | | | | 休日： | | | | | | | 週　・　月 | | | | | | | | | |  | | | | | | 日 | | | | | | | | | （ | | |  | | | | | 曜日） | | | | | |
| 通勤方法 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | （所要約 | | | | | | | | | | 時間 | | | | | | | | | | | | 分） | | | | | | | | |
| 漁業の場合のみ | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 農業の場合のみ | | | 耕作面積： | | | | | | | | | | | | | | | 主な作物： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭内労働 | 自営業（自宅または自宅周辺） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 業務の種類 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 就労開始 | | | 令和　・　平成　・　昭和 | | | | | | | | | | | | | | |  | | | | 年 | | | | | | | | |  | | | | | | | 月 | | | | | | | | | | | |  | | | | | | | | 日 | | | | |
| 勤務時間 | | |  | | | | 時 | | | | |  | | | | | | 分 | | | | ～ | | | | | | | | |  | | | | | | | 時 | | | | | | | | | | | |  | | | | | | | | 分 | | | | |
| 就労日数 | | | 月平均 | | | | |  | | | | | 日 | | | | 休日： | | | | | | | 週　・　月 | | | | | | | | | |  | | | | | | 日 | | | | | | | | | （ | | |  | | | | | 曜日） | | | | | |
| 出産 | 出産（予定）日 | | | 令和 | | |  | | | | | 年 | | | | |  | | | | | 月 | | | |  | | | | | | | 日 | | | | | | （予定） | | | | | | | | | | | | | | | | | | | | | | | | |
| 病気等 | 傷病名等 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | 症状等 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 入通院の状況 | | | 入院 | | 令和 | | | | | 年 | | | | | 月 | | | | | 日 | | | ～約 | | | | | | | ヶ月 | | | | | | 通院 | | | | | | | | | 週　・　月 | | | | | | | | | | | | | | | 回 | | |
| 身体障害等 | 障害の程度 | | | 身体手帳：　1　・　2　・　3　・　4　級 | | | | | | | | | | | | | | | | | | | | | | | 療育手帳：　A　・　B1　・　B2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 看護 | 看護を受ける人 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | （続柄： | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | ） |
| 身体障害等 | | | 身体手帳：　1　・　2　級 | | | | | | | | | | | | | | | | | | | | | | | 療育手帳：　A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 看護の場所 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 傷病名等 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | 症状等 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 看護の状況 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 就学 | 学校名 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ℡ | | | | | | | |  | | | | | | | | | | | | | | | |
| 通学日数 | | | 月平均 | | | | |  | | | | | 日 | | | | 休日： | | | | | | | 週　・　月 | | | | | | | | | |  | | | | | | 日 | | | | | | | | | （ | | |  | | | | | 曜日） | | | | | |
| 通学方法 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | （所要約 | | | | | | | | | | 時間 | | | | | | | | | | | | 分） | | | | | | | |
| 家庭の災害 | 状況： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 求職中 | 令和 | 年 | 月 | | 日 | | | | | より就労予定 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 【証明欄】（雇用主・事業主・民生委員児童委員・医師・学校長が証明） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 田尻町放課後児童クラブ指定管理者　様 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 令和 | | | | | | | | | 年 | | | | | | | | | | | | 月 | | | | | | | | 日 | | | | | | |
| 上記のとおり相違ありません。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称・代表者名 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ㊞ | | | | | | | | | | | | | | | | | | | | | | | | |
| 電話番号 | | | |  | | | | | | | | | | | | | （担当者： | | | | | | | | |  | | | | | | | | | | | | | ） | | | | | | | | | | | | | | | | | | | | | | | | |
| * 証明いただいた内容についてお伺いする場合がありますので、必ず担当の方のお名前をご記入ください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

（該当する項目に○印または必要事項を記入・証明してもらってください。）

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| 事業部 | 事務局 | 受付者 | 受付日 |
|  |  |  | / |

様式第1号（第6条関係）

田尻町放課後児童クラブなかよし学級入会申請書 別紙①

**入会理由証明書**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | **提出日**　令和 | | | | | | | | | | | | | | | | | 6 | | | | 年 | | | | | | 1 | | | | | | | | | 月 | | | 11 | | | | | | | | 日 | |
| 対象者氏名 | 田尻　太郎 | | | （続柄： | | | | | 父 | | | | | ） | | | | 児童氏名 | | | | | | | 田尻　一郎 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭外労働 | 1. 常勤　　2. パート　　3. 日雇　　4. 自営業（自宅周辺以外）　　5. 漁業　　6. 農業 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 勤務先 | | | 事業所名 | | | | | 株式会社田尻不動産 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 業種 | | | | | | | | | | | 営業 | | | | | | | | | | | | | | |
| 所在地 | | | | | 大阪市○○区×× | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ℡ | | | | | | | | 06-○○○○-×××× | | | | | | | | | | | | | | | | |
| 就労開始 | | | | | 令和・平成・昭和 | | | | | | | | | | | | | | 5 | | | | | | | 年 | | | | | | 4 | | | | | | | | | 月 | | | | | | | 1 | | | | | | | | 日 | | | |
| 勤務時間 | | | 平日 | | | | | 9 | | | | | | 時 | | | | | 00 | | | 分 | | | | | | | ～ | | | | | | 17 | | | | | | | | | 時 | | | | | | | 30 | | | | | | | | 分 | | | |
| 土曜日 | | | | |  | | | | | | 時 | | | | |  | | | 分 | | | | | | | ～ | | | | | |  | | | | | | | | | 時 | | | | | | |  | | | | | | | | 分 | | | |
| 就労日数 | | | 月平均 | | | | | 22 | | | | | 日 | | | | 休日： | | | | | | | 週　・　月 | | | | | | | | | | 2 | | | | | | 日 | | | | | | | | | （ | | | 土・日曜日) | | | | | | | | | | |
| 通勤方法 | | | 電車 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | （所要約 | | | | | | | | | | 1時間 | | | | | | | | | | | | 30分） | | | | | | | | |
| 漁業の場合のみ | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 農業の場合のみ | | | 耕作面積： | | | | | | | | | | | | | | | 主な作物： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭内労働 | 自営業（自宅または自宅周辺） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 業務の種類 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 就労開始 | | | 令和　・　平成　・　昭和 | | | | | | | | | | | | | | |  | | | | 年 | | | | | | | | |  | | | | | | | 月 | | | | | | | | | | | |  | | | | | | | | 日 | | | | |
| 勤務時間 | | |  | | | | 時 | | | | |  | | | | | | 分 | | | | ～ | | | | | | | | |  | | | | | | | 時 | | | | | | | | | | | |  | | | | | | | | 分 | | | | |
| 就労日数 | | | 月平均 | | | | |  | | | | | 日 | | | | 休日： | | | | | | | 週　・　月 | | | | | | | | | |  | | | | | | 日 | | | | | | | | | （ | | |  | | | | | 曜日） | | | | | |
| 出産 | 出産（予定）日 | | | 令和 | | |  | | | | | 年 | | | | |  | | | | | 月 | | | |  | | | | | | | 日 | | | | | | （予定） | | | | | | | | | | | | | | | | | | | | | | | | |
| 病気等 | 傷病名等 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | 症状等 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 入通院の状況 | | | 入院 | | 令和 | | | | | 年 | | | | | 月 | | | | | 日 | | | ～約 | | | | | | | ヶ月 | | | | | | 通院 | | | | | | | | | 週　・　月 | | | | | | | | | | | | | | | 回 | | |
| 身体障害等 | 障害の程度 | | | 身体手帳：　1　・　2　・　3　・　4　級 | | | | | | | | | | | | | | | | | | | | | | | 療育手帳：　A　・　B1　・　B2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 看護 | 看護を受ける人 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | （続柄： | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | ） |
| 身体障害等 | | | 身体手帳：　1　・　2　級 | | | | | | | | | | | | | | | | | | | | | | | 療育手帳：　A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 看護の場所 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 傷病名等 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | 症状等 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 看護の状況 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 就学 | 学校名 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ℡ | | | | | | | |  | | | | | | | | | | | | | | | |
| 通学日数 | | | 月平均 | | | | |  | | | | | 日 | | | | 休日： | | | | | | | 週　・　月 | | | | | | | | | |  | | | | | | 日 | | | | | | | | | （ | | |  | | | | | 曜日） | | | | | |
| 通学方法 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | （所要約 | | | | | | | | | | 時間 | | | | | | | | | | | | 分） | | | | | | | |
| 家庭の災害 | 状況： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 求職中 | 令和 | 年 | 月 | | 日 | | | | | より就労予定 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 【証明欄】（雇用主・事業主・民生委員児童委員・医師・学校長が証明） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 田尻町放課後児童クラブ指定管理者　様 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 令和 | | | | | | | | | 6　年 | | | | | | | | | | | | 1　月 | | | | | | | | 6　日 | | | | | | |
| 上記のとおり相違ありません。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | | 大阪市○○区××  田尻  不動産 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称・代表者名 | | | | 株式会社田尻不動産　代表取締役　大阪太郎 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ㊞ | | | | | | | | | | | | | | | | | | | | | | | | |
| 電話番号 | | | | 06-△△△△-×××× | | | | | | | | | | | | | （担当者： | | | | | | | | | 山内 | | | | | | | | | | | | | ） | | | | | | | | | | | | | | | | | | | | | | | | |
| * 証明いただいた内容についてお伺いする場合がありますので、必ず担当の方のお名前をご記入ください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

（該当する項目に○印または必要事項を記入・証明してもらってください。）