Regarding Saturday Childcare Usage

We sincerely appreciate your understanding and cooperation with our educational activities at the kindergarten.

As we prepare for the new academic year, we have a request regarding the use of Saturday childcare for families certified for type 2 and 3. Saturday childcare will primarily be available to children who meet the certification requirements. For instance, if both parents work or if there are no other caregivers such as grandparents or family members available to care for the child.

Additionally, due to the need for staff allocation and meal preparation based on the number of children applying for Saturday care, we kindly ask that you submit your application by the 25th of the preceding month. Therefore, we regret to inform you that we cannot accept same-day applications. Your cooperation in this matter is greatly appreciated.

How to Apply

You will receive Saturday childcare application forms for both parents. Please fill out the forms and have them signed by your workplace or employer. After submitting the Saturday childcare application, please inform your child's class teacher of your intention to use Saturday childcare <u>by</u>

Thursday of the week you wish to use the service.

- *Saturday childcare is primarily intended for situations where childcare is necessary due to work commitments, etc. If parents have a day off and are able to care for the child at home, we kindly request that you do so.
- *Please submit a Saturday childcare usage application form for each month you intend to use the service. (Please submit by the 25th of the preceding month.) Additionally, we kindly ask for your cooperation in providing us with updates on your usage requirements weekly.

Hours

7:30 AM - 3:00 PM, including working hours and commuting time.

Requests

- ① Even if you submit a Saturday childcare usage application, it will not be applicable under the following circumstances:
 - If both parents or grandparents are off work, etc. (Example: Mother→Work, Father→Day off)
 - If on maternity leave or childcare leave.
- ② If you finish work early, please promptly pick up your child. In such cases, please inform us in advance via the CoDMON app that you will be picking up your child early. If there are any changes to the drop-off or pick-up times other than those stated in the Saturday childcare usage application, please be sure to inform us. If the arrival or departure time changes without notification, or in the event of a sudden change in your child's health or injury, we may contact your workplace or office.
- ③ If you have any special circumstances, please feel free to discuss them with us separately.

Saturday Childcare Usage Application Form (Month:)

Shinei Gakuen	/ / (Year/Month/Day)
Kodomoen Seika Kindergarten	
To: Ms. Kaoruko Ishizuka, Principal	Guardian: Address:
	Name:
	Phone Number:
	

I hereby request the utilization of Saturday childcare services for the month of _____, as outlined below:

Children Utilizing Childcare:

	Class	
Child's Name	CI	ass
	Class	
Child's Name	CI	ass
	Class	
Child's Name	Cl	ass
Guardian's Employer Name and		
Contact Information:		

Childcare Application Details				
Date	Working Hours (ex. 9:00am~5:00pm)	Desired Childcare Hours		
/ (Sat)	: ~ :	: ~ :		
/ (Sat)	: ~ :	: ~ :		
/ (Sat)	: ~ :	: ~ :		
/ (Sat)	: ~ :	: ~ :		
/ (Sat)	: ~ :	: ~ :		
Commute Time from SEIKA	(Hour Minute)			

Points to Note when Filling out the Application:

- Applications must be submitted on a monthly basis. Please submit the "Saturday Application Form" by the 25th of the preceding month if you intend to use Saturday childcare.
- If the reason for application is employment, please submit the application by the 25th of the preceding month.
- Saturday childcare will primarily be provided based on the certification requirement "reasons necessitating childcare" (such as inability to provide childcare at home due to work commitments).
- If parents have a day off and are able to be at home, we kindly request that childcare be provided at home.
- · If you have any special circumstances, please feel free to discuss them separately.

Employer (Business Owner) Certification Regarding the Above					
I hereby certify that the above-mentioned individual is employed as stated above.					
	/	/	(Year/Month/Day)		
Company Name:					
Employer (Name of Representative):			*Please insert the name of the company representative or the head of the department that can verify the employment status.		
Address/Phone Number:					
Name of Certifier/Contact Information:					