|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | | | | 家庭状況票 | | | | | | | | | | | | | | | | | | | |  | | | | | | | 年 | | | | |  | | | | | | | | | | 月 | | | |  | | | | | 日記入 | | | | | | |
| ふりがな | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 組 | | | | 児童名 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | 男・女 | | | | | | | 西暦 | | | | | | |  | | | | | | | | 年 | | | | | | |  | | 月 | | |  | | | | 日生 | | | |
| 住所　〒 | | |  | | － | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | 連絡先電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | － | | | | |  | | | | | | | － | | | |  | | | | | |
| かかりつけ医院名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | － | | | | |  | | | | | | | － | | | |  | | | | | |
| 同居家族構成 | | 氏名 | | | | | | 生年月日（西暦） | | | | | | | | | | | | | | | | | | | | | | | | | | 続柄 | | | | | 勤務先名（学校名） | | | | | | | | | | | | | | | | | | | | | 勤務先住所・電話番号 | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | 年 | | | | |  | | | | | 月 | | |  | | | 日 | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | 年 | | | | |  | | | | | 月 | | |  | | | 日 | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | 年 | | | | |  | | | | | 月 | | |  | | | 日 | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | 年 | | | | |  | | | | | 月 | | |  | | | 日 | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | 年 | | | | |  | | | | | 月 | | |  | | | 日 | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| 緊急連絡先　※緊急時、必ず連絡が取れる順番に記入をして下さい。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 同居家族構成 | | 氏名 | | | | | | | | | | | （ | | | | | ふりがな | | | | | | | | | | | | ） | | | | 続柄 | | | | | 電話番号 | | | | | | | | | | | | | | | | | | | | | 連絡先名（会社名等） | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | （ | | | | |  | | | | | | | | | | | | ） | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | （ | | | | |  | | | | | | | | | | | | ） | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | （ | | | | |  | | | | | | | | | | | | ） | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | （ | | | | |  | | | | | | | | | | | | ） | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 保育園に送ってくる方のお名前（小・中学生不可） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | 続柄（ | | | | | | | | |  | | | | ） | |
| 保育園に送ってくる方のお名前（小・中学生不可） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | 続柄（ | | | | | | | | |  | | | | ） | |
| 勤務状況 | | | | | | | 父 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 母 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 勤務先名称 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 勤務形態 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 勤務先住所 | | | | | | | 〒 | | | | |  | | | | － | | | |  | | | | | | | | | | | | | | | | | | | | | | 〒 | | |  | | | | | － | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 勤務先電話番号 | | | | | | |  | | | | | | | | | （ | | | | | |  | | | | | | ） | | | | |  | | | | | | | | |  | | | | | | | | | | （ | | | | | |  | | | | | | | | | ） | | | | |  | | | | | | |
| 園から勤務先への経路・所要時間 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 勤務時間 | | | | |  | | | | 時 | | | | |  | | | | 分 | | | | | ～ |  | | | | | | 時 | | | |  | | | 分 | | | | |  | | | 時 | | |  | | | | | | 分 | | | | | | ～ | | | |  | | | | | 時 | | | |  | | 分 | | | |
| 休日 | | | | | 土・日・祝祭日・その他 | | | | | | | | | | | | | | | | | | | | | （ | | | |  | | | | | | | | | ） | | | 土・日・祝祭日・その他 | | | | | | | | | | | | | | | | | | | | | | （ | | | | |  | | | | | | | | ） | |
| 保育希望時間  （通勤時間＋勤務時間） | | | | |  | | | | | | | | 時 | | | | | | | | | |  | | | | | | | | 分 | | | | | | | | ～ | | | | | | |  | | | | | | | | | 時 | | | | | | | | |  | | | | | | | | | 分 | | | | | |

**→裏面もご記入ください**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 祖父母の状況 | | | | | | | | | | | |
|  | 父方 | | | | 母方 | | | | | | |
|  | 名前 | | 連絡先 | | 名前 | | | 連絡先 | | | |
| 祖父 |  | |  | |  | | |  | | | |
| 住所 | | | | 住所 | | | | | | |
| 祖母 |  | |  | |  | | |  | | | |
| 住所 | | | | 住所 | | | | | | |
| 災害緊急時の保護者以外の送迎予定者 | | | | | | | | | | | |
| 氏名 | | 続柄 | | 住所 | | 連絡先 | | | | | |
|  | |  | |  | |  | － | |  | － |  |
|  | |  | |  | |  | － | |  | － |  |
| 自宅周辺と保育園までの経路を簡単に記入して下さい。　（グーグルマップ添付可） | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 健康保険証コピー添付 | | | | | | | | | | | |
|  | | | | | | | | | | | |