

Family Status Report

Child's name ()

		Mother's Status	Father's Status		
Employment status	Working place	In the residence (Working at home) Out of the residence (Working outside)	In the residence (Working at home) Out of the residence (Working outside)		
	Type of employment	full-timer part-timer temporary staff/contracted self-employed co-worker for self-employed corporate administrator corporate executive side job received official job-offer job searching other ()	full-timer part-timer temporary staff/contracted self-employed co-worker for self-employed corporate administrator corporate executive side job received official job-offer job searching other ()		
	(Name of the temporary employment agency)				
	Work address				
	Address of the company/employer				
	Phone at the company/employer	()	()		
	Date of Employment/ Starting Date of the company	Yr. Mo Day	Yr. Mo Day		
	The number of official workdays/ holidays	from hr min to hr min In total hrs work/day (average) days work / Week or Month average Holidays Sun. Sat. Others ()	from hr min to hr min In total hrs work/day (average) days work / Week or Month average Holidays Sun. Sat. Others ()		
	Overtime ※if it occurs constantly	none yes (average: hours /per day)	none yes (average: hours /per day)		
	Would like to apply for a monthly extended-hours childcare service	No Yes ※Service of extended-hours childcare service is available after a child becomes one year old.			
	Description of job				
	Salary	Ave. Monthly Salary (yen including tax)	Ave. Monthly Salary (yen including tax)		
	Previous Employment	no, yes (hired from yr. mo. day /retired yr. mo. day)	no, yes (hired from yr. mo. day /retired yr. mo. day)		
Maternity Leave	Maternity Leave: from Heisei yr. mo. day to Heisei yr. mo. day (parent)				
Child Care Leave	Child Care Leave: from Heisei yr. mo. day to Heisei yr. mo. day mother father				
Other Status	Childbirth	Expected Delivery date Heisei yr. mo. day			
	Illness	Illness () hospitalized/visiting from yr. mo. (per wk.) expected recuperation for approx. Months	Illness () hospitalized/visiting from yr. mo. (per wk.) expected recuperation for approx. Months		
	Disability	Disability () Handbook yes no (type level)	Disability () Handbook yes no (type level)		
	Nursing Care	relation&name from yr. mo. Illness () home care hospitalized visiting doctor other () daily dys/wk. from hr. min to hr. min	relation&name from yr. mo. Illness () home care hospitalized visiting doctor other () daily dys/wk. from hr. min to hr. min		
	Others	School name () entered yr. mo. expected completion yr. mo. class hours days/wk. from hr. min to hr. min reasons: schooling technical license Japanese language other ()	School name () entered yr. mo. expected completion yr. mo. class hours days/wk. from hr. min to hr. min reasons: schooling technical license Japanese language other ()		
Medical care expenses claimant certification(Specified Incurable Disease)		no yes (mother father)			
Single Parent	divorce death separation not married Separated for divorce other () from yr. mo. support for bringing up the child yes yen/mo. no				
On welfare	no yes (from yr. mo. day)				
Commuting details	Route: home→ →work required commuting time () min	Route: home→ →work required commuting time () min			
Grandparents' status	father's	G - F	name (age)	residence Living together/ separately	reasons for not being able to assist <input type="checkbox"/> living overseas <input type="checkbox"/> Others ()
		G - M	(age)	Living together/ separately	<input type="checkbox"/> living overseas <input type="checkbox"/> Others ()
	mother's	G - F	(age)	Living together/ separately	<input type="checkbox"/> living overseas <input type="checkbox"/> Others ()
		G - M	(age)	Living together/ separately	<input type="checkbox"/> living overseas <input type="checkbox"/> Others ()
Due date of delivery					