Certificate of Providing Day Nursery Service

Date:

Year

Month

Day

To:	Mayor	of Shibu	va

	Name of Facility						
		Address					
	Representative			seal			
		Telephone		()		
I hereby certify that we are providing day nursery service as listed below.							
Child receiving day			DOD		V.,	М-	D
nursery service			DOB		Yr.	Mo.	Day
Guardian's Name							
Address	Shibuya-k	ru					
Starting date	Yr. Mo. Day ** Please write the date that childcare was actually started.						
Contract period	Yea		/Day -	Year/	Month		ay
Person/Organization providing service	nursery						
Facility information	In child care facility • Parent's home • Other(
Days receiving nursery service	No. of days per week • No. of days per month Mon • Tue • Wed • Thu • Fri • Sat • Sun • irregular (
Nursery hours	from : to : (if receiving extended nursery hours: to :)						
Nursery Fee	Fee • No fee	If paying fee	monthly (daily hourly	() yo)	en) yen yen	
Age accepted by the facility From		From 0 year old	until befo	ore the entry of	f elementar	y	
• • • •		Others From_	_years old	untily	ears old		
[Remarks]							
X To those providing nursery service							

This certificate is used for a day nursery application. Please kindly make sure to fill in all available details. Please be noted that we may contact you to confirm when we have questions.

Inquiries: Day Nursery Division, Child and Family Department, Shibuya City Office Phone (3463)2492

Filled by parents	Name of the nursery	Nursery School
(guardians)	of your first choice	Kodomoen