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| (ふりがな) | |  | | | 男  ・  女 | 生年月日 | | | |
| 児　童  氏　名 | |  | | | 西暦  　　　　　　　年　　　月　　　日 | | | |
| (ふりがな) | |  | | | 続　柄 | 連絡先 | 【自宅・携帯電話（　　）】 | | |
| 保護者  氏　名 | |  | | |  |
| 現住所 | | 〒　　　－ | | | | 本 籍 |  | | 都 道  府 県 |
| 家庭の状況 | 氏名（ふりがな） | | 続柄 | 生年月日 | 年齢 | 健康 | 職業 | 勤務先 | |
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家庭状況表

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| 緊　急  連絡先 | ℡： | | ℡： | ℡： |
| 健康保険証 | | 保険者名称：  保険者番号：　　　　　　　　　　　　記号：　　　　　　　　　　　番号： | | |
| 子ども医療費  助成受給券 | | 公費負担者番号：  受給者番号： | | |

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| 保　育  時　間 | 平  日 | 登園 | ：　　　から　　　送ってくる人（　　　　　　　　　　　　　　　　　） |
| 降園 | ：　　　まで　　　迎えにくる人（　　　　　　　　　　　　　　　　　） |
| 土曜 | 登園 | ：　　　から　　　送ってくる人（　　　　　　　　　　　　　　　　　） |
| 降園 | ：　　　まで　　　迎えにくる人（　　　　　　　　　　　　　　　　　） |

通　園　経　路　略　図

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※わかりやすい目印を入れて下さい。