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| 様式第１号（第７条関係）  **宮古島市子育て短期支援事業利用申請書**  年　　月　　日  宮　古　島　市　長　　　様  住所  申請者　氏名  電話番号  子育て短期支援事業を利用したいので、次のとおり申請します。   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 利用の期間 | | 年　　　　月　　　　日から　　　　　年　　　月　　　日まで | | | | | | | | | | | 利用者 | | 氏名 | | | 性別 | 続柄 | 生年月日 | | | 学校・幼稚園・保育園名 | | |  | | |  |  | .　　.　　（　　歳） | | |  | | |  | | |  |  | .　　.　　（　　歳） | | |  | | |  | | |  |  | .　　.　　（　　歳） | | |  | | | 利用の理由 | | （具体的に記入し、証明できる書類を添付してください。） | | | | | | | | | | | 児童の健康状態、注意事項等 | | （持病、常備薬、食物や薬のアレルギー、その他注意を要する事項） | | | | | | | | | | | 家族構成 | 氏名 |  | 続柄 | 生年月日 | | | | 性別 | 職業 | | 課税の有無 | | 当該年度の市町村民税 | |  |  |  | .　　. | | | |  |  | |  | |  |  |  | .　　. | | | |  |  | |  | |  | |  | .　　. | | | |  |  | |  | |  | |  | .　　. | | | |  |  | |  | |  | |  | .　　. | | | |  |  | |  | | 緊急時の連絡先 | | | 名称　　　　　　　　　　　　　　　電話番号  携帯番号 | | | | | | | | | | 生活保護の状況 | | | 適用なし　･　適用あり（　　　年　　　月　　　日保護開始） | | | | | | | | |   注1　住民税課税証明書（転入の方）及び健康保険証の写しを添付してください。  注2　児童の健康状態（持病等）その他の理由により許可できない場合がありますのであらかじめご承知ください。 |