

育児支援ヘルパー事業利用登録申請書

(宛先) 中央区長

(申請者) 住 所 中央区 (マンション名 )
ご自宅まで 駅から徒歩 分ほど
氏 名
電 話

下記のとおり登録を申請します。

記

Table with 4 columns: Application Reason (Pregnant/Postpartum), Birth Date, Fetus Type (Single/Multiple), Child's Birth Date, Family Status (Siblings/Pets), and Usage Period.

支援希望内容 ※希望する内容に✓を付けてください。(複数選択可)

- Children's care (nursing, play, supervision, bath assistance)
Cooking (preparation of ingredients, seasonings, tools)
Cleaning (dishes, vacuuming, laundry, bathroom cleaning)
Washing (laundry, drying, vacuuming, bedsheet exchange)
Others (child pickup,区内のみ, accompaniment, shopping)

個人情報閲覧等に関する同意について

- 1. Agreement to use for fee determination based on household income and residence records.
2. Agreement to provide information to the dispatching company for card issuance and fee payment.

(Applicant Name) (Guardian Name)

(Guardian Name) (Guardian Name)

※ This consent form is used only for the stated purpose and not for other purposes.

※ Signatures must be in the applicant's own handwriting. Adult guardians must sign themselves, while legal representatives can sign on their behalf.