



窓口にこられた方【父・母・本児・その他（ ）】

Table with 4 columns: 住み始めた日 (Day applicant moved to Uji), 年月日 (Year/Month/Day), 記入日 (Date of Filling out), 年月日 (Year/Month/Day), 転入届出日 (Date of Notification), 年月日 (Year/Month/Day), 記入者名 (Name), 続柄 (Relationship)

▼就学前のお子さんについて、ご記入ください。

Form for child information including Name of Child, Date of Birth, Address, and Medical History section with instructions for recording results.

▼今までに接種した予防接種を下記にご記入ください。(※予防接種履歴は母子健康手帳(親子健康手帳)のコピー添付でも可) Please fill out your child's Vaccination Record.(※You could also attach the copy of the Vaccination Record)

Main vaccination record table with columns for Vaccine Type, Vaccination Date, Location, and Vaccine Name. Includes rows for Hib, Pediatric pneumococcal, Hepatitis B, Rotavirus, and various other vaccines.