（様式1）

**令和６(202４)年度「地域子育て支援サロン事業」基礎原票（活動実績報告書）**

社会福祉法人　三原市社会福祉協議会　会長　様　　　　　　　　　　　　　　　　　　令和７（202５）年3月31日現在

●サロンの基本情報 ※選択式の項目は　チェックを入れてください

**【記入上の注意】**

・表面はサロンの基本情報記入欄となっています。

・※１　（8）では，運営のことやちょっとした困りごと，気になる人のことを住民同士で相談できる場の開催についてご記入ください。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| （1）サロン名 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （2）代表者 | 変更後 | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 令和 | | | | |  | | | 年 | |  | 月～ | |
| （3）連絡先  （代表者または事務局） | (氏名) ※代表者と異なる場合は氏名もご記入ください。 | | | | | | | | | | | | | | | | | | | | | | | (氏名) ※代表者と異なる場合は氏名もご記入ください。 | | | | | | | | | | | | |
| 〒  三原市 | | | | | | | | | | | | | | | | | | | | | | | 〒  三原市 | | | | | | | | | | | | |
| 電話 | | | | | | | | | | | | | | | | | | | | | | | 電話 | | | | | | | | | | | | |
| 携帯電話 | | | | | | | | | | | | | | | | | | | | | | | 携帯電話 | | | | | | | | | | | | |
| （4）活動日 | 〔毎月 | | |  | | | | | | 回/第 | | |  | | | | | | | | | | 週/ | | |  | | | | 曜日〕 | | | | | | |
| 〔毎週 | | |  | | | | | | | | | | | | 曜日〕 | | | | | | | | | | | | | | | | | | | | |
| その他（ | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ） |
| （５）活動時間 | （ |  | | | | | | | ） | | 時ぐらい　～ | | | | | | | | | | （ |  | | | | | ） | 時ぐらい　まで | | | | | | | | |
| （６）活動場所 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (7)参加費徴収 | ① |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ② |  | | | | 〔（ | |  | | | | | | | | | | | | 円／回）　・ | | | | |  | | | | | | | | | | | |
| ・ | | | | | |  | | | | | （ | | | | |  | | | | | | | | | | | | | | | |  | | | ）〕 |
| （8）  協議の場 ※１ | ① | |  | | | | | | | | | | | ② | | | |  | | | | | | | | | | | ③ | |  | | | | | |
| ④ | |  | | | | | | | | | | | | ⑤ | | | |  | | | | | （ |  | | | | | | | | | | | ） |

●令和６年度　報告 ※選択式の項目は　チェックを入れてください

～1年間の活動を皆さんで振り返ってみましょう～

**【記入上の注意】**

・いずれの項目も複数回答可能です。

・※2　(9)では，令和６年度にサロンに参加した人数**（令和６年度名簿記載の登録人数）**をご記入ください。

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| （9）  令和６年度  活動人数 ※2 | 参加者数 | | | | | | | | | | | | 支援者数 | | | | | | | | | | | | | | | | | | 計 | | | | | | 3月末の登録人数を  ご記入ください。 | | |
| 子ども | | | 保護者 | | | | | | | | | 男 | | | | | | | | | | 女 | | | | | | | |
|  | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | |
| （10）  活動の担い手 | ① |  | | | | | | | | | | | | | | ② | | |  | | | | | | | | | | | ③ | | |  | | | | | | |
| ④ |  | | | | | | | | | | | | | | | | | | ⑤ |  | | | | | | | （ | |  | | | | | | | | | ） |
| （11）参加している人 | 親子・・・ | | ① | |  | | | | | | | | | | ② | | |  | | | | | | | ③ |  | | | | | | | | ④ |  | | | | |
|  | | ⑤ | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他・・・ | | ① | |  | | | | | | | | | | ② | |  | | | | | | | | | | | | ③ | | |  | | | | （ | |  | ） |
| （12）主な活動 | ① |  | | | | | | | ② | |  | | | | | | | | | | | ③ | |  | | | | | ④ | | |  | | | | | | | |
| ⑤ |  | | | | | | | | ⑥ | |  | | | | | | | | | | （内容： | | | | |  | | | | | | | | | | | | ） |
| ⑦ |  | | | | | （内容： | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | ） |
| ⑧ |  | | | | （ | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ） |
| （13）我がサロンの特徴やこだわり，頑張ったことや，新しく取り組んだこと |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （14）活動を振り返って（良い点・反省点・困ったことなど） |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （１５）  令和７年度の研修会・交流会へのご意見 | 1. 研修会・交流会で知りたいことはどんなことですか？ 2. 参加しやすい時期・曜日・時間帯の希望はありますか？　（例　：　８月ごろ，平日，午前中） 3. その他　　※ご意見や気づきなど教えてください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |