

Application Form for Use of Childcare Facility
(and register of children in childcare)
保育施設等利用申込書
(兼 保 育 児 童 台 帳)

To the Head of the Toyohashi City Welfare Office

<input type="checkbox"/> New/Transfer Application	<input type="checkbox"/> Continued Use Application
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		Application Date:			Year 年	Month 月	Day 日
Guardian Address	〒 Toyohashi-shi						
Furigana							
Child Name	Heisei • Reiwa Year Month Day 年 月 日						
Furigana							
Guardian Name (Representative Guardian)	Shouwa • Heisei Year Month Day 年 月 日						

I am applying to enroll my child in preschool, kindergarten, etc., as described below

	Preferred Childcare Facility Name	Reason for Wanting to Enroll		事業所番号 *City Use
1 st Choice				
2 nd Choice				
3 rd Choice				
4 th Choice				
5 th Choice				
If you would like to choose 6 or more facilities, check the box to the right and fill in a separate sheet. ※There is no official form, so you can write this information as you' d like, but an example is available on the official Toyohashi website.		<input type="checkbox"/> I have 6 or more preferred childcare facilities (listed on separate page)		
Reason childcare is required		Period during which childcare is required	From Year Month Day to Year Month Day 年 月 日	
Notes				

☆The information you write below will be provided to the childcare facility your child is accepted into.
Please complete all sections.

	Name	Relation to Applicant Child	Age (as of April 1, 2026)	Sex	Place of Employment, or School Name + Grade, etc.
Applicant Child	Furigana	Self	years old 歳	M • F	
			Year Month Day 年 月 日		
Members of Child's Household		Father	歳	M • F	
		Mother	歳	M • F	
			歳	M • F	
			歳	M • F	
			歳	M • F	
			歳	M • F	
TEL	(Home) — — (Father Cell) — — (Mother Cell) — —				

(1) What number child in your family is the child you are applying for

<input type="checkbox"/> 1st child	<input type="checkbox"/> 2nd child	<input type="checkbox"/> 3rd child	<input type="checkbox"/> 4th child	<input type="checkbox"/> 5th child	<input type="checkbox"/> 6th child	<input type="checkbox"/> 7th child
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(2) Please tell us about your child's development, health examinations, etc. If there are any **delays in their development, illnesses they have dealt with, etc., please fill in information about these conditions and speak with the childcare facilities you are applying to in advance.**

<u>Development</u>		
Physical	Standing while holding something (months)	Walking unassisted (months)
Language	Started speaking at (months)	Delay in speech? (Y • N)
Toilet independence?	Urination (Peeing): Y • N	Defecation (Pooping): Y • N
Concerning Behavior? ()		
Major illnesses ()		
Allergies, chronic illnesses ()		
Medical institutions visited for child's development, etc. ()		
Checkup for 18-month-old infants	<input type="checkbox"/> Examined → Guidance	<input type="checkbox"/> Yes Details:
	<input type="checkbox"/> Not yet examined	<input type="checkbox"/> No
Checkup for 3-year-old toddlers	<input type="checkbox"/> Examined → Guidance	<input type="checkbox"/> Yes Details:
	<input type="checkbox"/> Not yet examined	<input type="checkbox"/> No

(3) Grandparents

Grandparents on father's side	Grandparents on mother's side
<input type="checkbox"/> Same household/on same plot of land/next door	<input type="checkbox"/> Same household/on same plot of land/next door
<input type="checkbox"/> Living Elsewhere→Address ()	<input type="checkbox"/> Living Elsewhere→Address ()
<input type="checkbox"/> Bereavement (Deceased)	<input type="checkbox"/> Bereavement (Deceased)

*Please contact the Toyohashi City Hall Nursery Division (*Hoiku-ka*) (TEL: 0532 51-2322) if you have any questions regarding this form or your application.