

Type 2, 3 Authorization

Current Childcare Facility/1st Choice
Facility Name:

Education/Childcare Benefits Authorization Application
(New) Changes • Reapplication)

Please write the
name of your 1st

Authorization Application Details Notification (Changes • Sta

Date: Reiwa 8/〇〇/〇〇

To the Mayor of Toyohashi

Write the date you will
submit your application
(Year/Month/Day format)

Parent/guardian name: Toyohashi Tiana
(Person who will take the child to school)

The guardian who will take the child to/pick the
child up from school.
※This guardian should carry with them a Residence
card, My Number Card, or other form of official ID.

I am applying for authorization to
childcare facilities, regarding the
residence tax information.

I agree to provide
family's status and

Child	Name (Furigana) Toyohashi Tina	Birth 〇〇	My Number 456789012345	Gender M <input checked="" type="radio"/> F	with guardian certificate?	Yes <input type="radio"/> No <input checked="" type="radio"/>
Parent/ guardian	Name (Furigana) Toyohashi Tom	Birth 〇〇・〇〇・〇〇	My Number 987654321098	(TEL #) Mother's cell phone 090 - xxxx - 〇〇〇〇		
Authorization #	Please write if you are already authorized.					
Do you wish to receive childcare (※)	<input checked="" type="radio"/> Yes : Due to work, illness, etc., I wish to enroll my child in a preschool/childcare center (type 2/3 Authorization (Ni/San-gou Nintei))					
Changes made	<input type="checkbox"/> Family status <input type="checkbox"/> Reason for application <input type="checkbox"/> Usage hours <input type="checkbox"/> Other Reason for change Reason for change Torn • Lost • Dirtied					

Please write the representative
guardian's information.
Please contact the Nursery Division
(Hoiku-ka) if you would like to change
this after submitting your application.

Date of Birth also in
year/month/day format

Enter a phone number that can be
reached during the day, e.g. mother's cell,
father's work number, etc.

Please write information that
will be accurate at the time
the child enters childcare.

- (※) • "Preschool/childcare center, etc." includes smaller childcare centers, company childcare, home-visiting childcare, etc.
• "Kindergarten, etc." includes the educational division in certified child centers (Nintei Kodomoen)
• If you answered "yes" to receiving childcare, please fill in items ① - ③ (③ on reverse). If you answered "no", please fill in item ④.

① Household status (incl. family in the same home, grandparents in the same home registered as a different household, and dependents living in a different home)

	Name	Relationship with child	Date of Birth	Gender	My Number	Workplace/school & grade	Disability certificate?	Note
Members of the (applicant) child's family (excluding the child)	(Furigana) Toyohashi Tom	Father	〇〇.〇〇.〇〇	<input checked="" type="radio"/> M <input type="radio"/> F	987654321098	Yoshida Department Store	<input checked="" type="radio"/> Yes <input type="radio"/> No	same home different home
	(Furigana) Toyohashi Tiana	Mother	〇〇.〇〇.〇〇	M <input checked="" type="radio"/> F	234567890123	Agricultural Cooperative	Yes <input checked="" type="radio"/> No	same home different home
	(Furigana) Toyohashi Tim	Older Brother	〇〇.〇〇.〇〇	<input checked="" type="radio"/> M <input type="radio"/> F	345678901234	Toyohashi Elementary, Grade 2	Yes <input checked="" type="radio"/> No	same home different home
	(Furigana) Toyohashi Tiffany	Younger Sister	〇〇.〇〇.〇〇	M <input checked="" type="radio"/> F	456789012345	No Daycare, Work, etc.	Yes <input checked="" type="radio"/> No	same home different home
	(Furigana) Toyohashi Theresa	Grand mother	〇〇.〇〇.〇〇	M <input checked="" type="radio"/> F	123456789012	Appliance Shop	Yes <input checked="" type="radio"/> No	same home different home
	(Furigana) Toyohashi Tristan	Uncle	〇〇.〇〇.〇〇	<input checked="" type="radio"/> M <input type="radio"/> F	678901234567	Unemployed	Yes <input checked="" type="radio"/> No	same home different home
	(Furigana) 			M • F			Yes • No	Same home • different home
※Single parents should circle "yes" or "no" if they are receiving child support aid for single N/A • Receiving welfare Single parent → If yes, receiving child support? Yes No • <input checked="" type="checkbox"/> Other								
Residence as of January 1st, 2025 <input checked="" type="checkbox"/> Toyohashi • <input type="checkbox"/> Outside of Toyohashi (Address:)								

※Receiving child support includes
receiving aid for medical expenses
for single parents (Boshi Fushi)

If no restrictions are placed on your child's
attendance, you can write the period up until
the child enters elementary school.
★Examples of Specific Authorization Periods★
• Pregnancy/childbirth: the end of the month that
follows an 8-week period after the delivery date
(estimate)

※For determining your childcare fees, if we can't confirm
your income with your My Number, we may ask you to
submit additional documents (Certificate of Taxation (Kazei

② Desired childcare period	Desired period April 1, Reiwa 7 (2025) ~ March 31, Reiwa 10 (2028)
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- Section 1: Information for determining your childcare fees
○Please read the following carefully.
○If you will enter your child(ren) between April and August, 2025: If you didn't live in Toyohashi as of January 1, 2024, your residence tax amount from the city/municipality you lived in at the time will be used to calculate your childcare fees.
○If you will enter your child(ren) in or after September 2025: If you didn't live in Toyohashi as of January 1, 2025, your residence tax amount from the city/municipality you lived in at the time will be used to calculate your childcare fees.

③Reason for applying for childcare

※If you wish to apply for childcare at a childcare facility due to work, illness, etc.

Relationship		Reason	
Even if you could apply for childcare for various reasons, please check <input checked="" type="checkbox"/> only the main reason and describe it as requested.	Father/Other ()	<input type="checkbox"/> Work	Workplace (Yoshida Department Store) Commute time: 40 mins Days/month:22 Work hours 8 AM - 5:30 PM , Return to work date (tentative):
		<input type="checkbox"/> Illness/disability	Details of illness/disability: Physical handicap, Grade 1, because of ○○
		<input type="checkbox"/> Caretaking	Details: My mother, Theresa, is Youkaigo (requires nursing) level 4
		<input type="checkbox"/> Disaster recovery	Severity of disaster ,etc.:
		<input type="checkbox"/> Job hunting	
		<input type="checkbox"/> School	Name of school () hours/week School hours Period
Mother/Other ()	<input type="checkbox"/> Paternity leave	Period:	
	<input type="checkbox"/> Other		
	<input type="checkbox"/> Work	Workplace (Toyohashi Agricultural Co-op) Commute time: 20 mins Days/month: 20 Work hours 9 AM - 3:30 PM , R	
	<input type="checkbox"/> Pregnancy/childbirth	Birthdate (estimate): February 3, 202	
	<input type="checkbox"/> Illness/disability	Details of illness/disability:	
	<input type="checkbox"/> Ca		
Overlapping information is written here in order to give you examples of various acceptable reasons	<input type="checkbox"/> Dis		
	<input type="checkbox"/> Jo		
	<input type="checkbox"/> School	Name of school (Nursing School) Commute time: 30 mins Days/week: 5 days School hours 8:30 AM - 3:30 PM Period: until March 31, 2027	
	<input type="checkbox"/> Maternity leave	Period:	
	<input type="checkbox"/> Other	(have younger kids, I want to be able to return to work in August 2025)	
	Desired Period (※)	Days of the week	Hours
Monday - Friday		8:00 AM - 4:00 PM	
Please complete desired period information for your 1st choice facility (in the event days/hours needed would vary based on the facility)		<input type="checkbox"/> Standard • <input checked="" type="checkbox"/> Short stay	
		Hours you need your child to stay, e.g. drop off at 8 AM and pickup at 4 PM	

(Note) Operating hours vary by facility.

*FOR CITY ADMINISTRATIVE USE 市記載欄

Please note that if you do not check one of "Standard" or "Short Stay" for Desired Period, your application will be processed as "Short Stay" by default.	
可・否 (否とする理由)	自 年 月 日 至 年 月 日
[<input type="checkbox"/> 施設型 <input type="checkbox"/> 地域型 <input type="checkbox"/> 特例施設型 <input type="checkbox"/> 特例地域型]	
入所施設 (事業者) 名	
[<input type="checkbox"/> 認定こども園 (<input type="checkbox"/> 連 <input type="checkbox"/> 幼 (<input type="checkbox"/> 幼 <input type="checkbox"/> 保) <input type="checkbox"/> 保 (<input type="checkbox"/> 保 <input type="checkbox"/> 幼) <input type="checkbox"/> 地 (<input type="checkbox"/> 幼 <input type="checkbox"/> 保)) <input type="checkbox"/> 幼稚園 <input type="checkbox"/> 保育所 <input type="checkbox"/> 地域型 (<input type="checkbox"/> 小 <input type="checkbox"/> 家 <input type="checkbox"/> 居 <input type="checkbox"/> 事)]	
備考	番号確認:個人番号カード・通知カード・住民票の写し等、身元確認:運転免許証・健康保険証・その他 ()

*FOR FACILITY ADMINISTRATIVE USE 施設記載欄 (施設 (事業者) を経由して市に提出する場合)

受付年月日	年 月 日
施設 (事業者) 名	(事業所番号:)
担当者氏名 連絡先	(担当者) (連絡先)
入所契約 (内定) の有無	有 (契約・内定 (年 月 日契約 (内定))) • 無
備考	番号確認:個人番号カード・通知カード・住民票の写し等、身元確認:運転免許証・健康保険証・その他 ()