Representative Guardian Address	Ŧ
Representative Guardian Name	

児童氏名 Child Name

Child Date of Birth

1st Choice Childcare Facility

You must submit this form.	Please
put it on top of all of	your
other forms and documents	when
submitting.	

Application for Use of Childcare Facility CHECKLIST (Type 2, 3 Authorization)

					(.)pc -	., 5 At			,
	Form names, etc.				Guard	ian Cheo	cklist	市記入村	镧 For (ity Use
	Application for Use of Childcare Facility Checklist (this form)									
	Education/Childcare Benefits Authorization Application (Official Form 1)									
	Application Form for Use of Childcare Facility (Official Form 13-2)									
Forn	A copy of a document to confirm your My Number (My Number card, etc.) %Please paste on separate page for My Number and <i>Zairyuu</i> cards									
ns/doc	Forms/documents to prove your inability to take care of child at home (each guardian will check one, varies depending on reason)			Father	Mother	Not applicable	父	母	該当 なし	
umen	Work (Employee)	<i>Shuurou Shoumei</i> Employment, 就劣	- <i>sho</i> (Certificate of '証明書)							
ts that	Work (Self- employed)	Certificate of H confirm your wor	Employment + document to ck situation							
t all aj	Pregnancy/ Childbirth	Copy of <i>Boshi Te</i> Record Book)	echou (Mother and Child He	alth						
Forms/documents that all applicants must submit	Illness/ Disability (guardian's)	Shougaisha Techou/Ry	medical certificate) and * <i>Shintai</i> <i>ouiku Techou</i> (Physical Disability Education Certificate) *(if you have							
ıts mu	Nursing/ caregiving for someone else in home, etc.		ificate and *Physical Disability Education Certificate *(only if you	have						
st sub	Job Hunting	<i>Kyuushoku Katsud</i> Declaration, 求明	<i>dou Moushitate-sho (</i> Job Hu 職活動申立書)	nting						
mit	Schoo I		e enrollment period, monthly cla <i>mmei</i> (Proof of Enrollment, 在学							
	Guardian's Maternity	<i>Kyuugyou Joukyou-tod</i> 況届)(in accordance	time on childcare leave and <i>Ikuji</i> oke (Childcare Leave Notice, 育児 with the Act on Childcare e and Local Public Service Law)	休業状						
	Leave	<i>Moushitate-sho</i> (Do other than those 1	eclaration,申立書)(in situa isted above)	tions						
Forms	Copies of <i>Zairyuu</i> (Residence) Card for all members of household (both sides) ※Please paste on separate page for My Number and Zairyuu cards									
for	<i>Tashisetai-todoke</i> (Multiple child household notification, 多子世帯 届)									
applicable only	Application and Power of Attorney for Payment of Benefits Related to the Collection of Additional Food Expenses by Specified Educational/Childcare Facilities (副食費の特定教育・保育施設による徴収に 係る給付費支給申請書兼委任状)									
individua	<i>Shisetsu-tou Zaiseki Shoumei-shou</i> (施設等在籍証明書) or <i>Shisetsu-tou Zaiseki Joukyou Moushitate-sho</i> (施設等在籍状況申立書)									
iduals	<i>Reiwa 7 Tokubetsu Shien Hoiku Jidou Joukyou Choushahyou</i> (Reiwa 7 Special Needs Childcare Child Situation Questionnaire) (for children who will enter childcare for the first time)						[

• Omissions in your Certificate of Employment and/or other required documents may impact the points on your application for "need for childcare."

* If information in your application documents is found to be untrue, authorization of educational/childcare benefits and decisions regarding enrollment in childcare facilities may be revoked. <u>Continued on Reverse</u>

N 0.	Items to confirm for your application	Guardian Confirmation			
٩	I have visited and/or spoken with staff at my preferred childcare facilities, and have received explanations about and understand educational/childcare principles, operating hours, actual expenses, etc., at each facility. Circle \bigcirc Yes or No if you have a preferred facility (e.g., if you have 3 preferred facilities, circle "Yes" for choices 1-3), and write the date (YY/MM/DD) you received an explanation about that facility. *The city may inquire with facilities directly about information you include in the confirmation section to the right.	□Yes □No 【Preferred facility】 【Date explanation received】 1st Choice : Yes D F 月 日 2nd Choice : Yes No 年 月 日 3rd Choice : Yes No 年 月 日 4th Choice : Yes No 年 月 日 5th Choice : Yes No 年 月 日 \$th Choice : Yes No F 月 日 \$th Choice : Yes No F 月 H \$th Choice : Yes No F 月 H \$th Choice : Yes No F 月 H			
2	I have confirmed the ages accepted at all of my preferred facilities (this info is available on the city website's Nursery Division (保育課) page, or you can contact each facility directly).				
3	I have confirmed there are no omissions or mistakes in my Certificate of Employment or other documents.	□Confirmed			
4	I have completed forms such as the Application Form for Use of Childcare Facilities truthfully and accurately.	I have responded truthfully and accurately			
5	This is an honest application for enrolling in childcare services, and I am not applying for the sole purpose of receiving a <i>Horyuu-tsuuchi</i> (hold notification).	I am not applying to receive a hold notification			
6	If you are applying for siblings at the same time, please select an option A-E (or no preference) as described on pg. 19 of the Preschool Admissions Guide (入園のご案内). ※Please confirm you have picked the same preference for all siblings applying at this time	A: B: C: D: E: No preference: Only applying for one child at this time:			
Ø	Are you applying to change childcare facilities? XIF your application to change facilities is successful, your child will no longer be able to attend their current facility (only if currently enrolled in approved facility).	□Yes □No 【Name of current facility : 】			
8	For those who responded "Yes" to ⑦: Have you informed the child's current facility of your intentions? ※if you have not informed the facility yet, please do so as soon as possible.	I've informed the child's current preschool/childcare facility			
9	Are you applying for <i>Tokubetsu Shien Hoiku</i> (Special Needs Childcare, 特別支援保育) ※If "Yes," <u>all</u> of your desired facilities must be designated for special needs care (see pg. 37 of the Preschool Admissions Guide)	□Yes □No			
10	Are you or the child's other guardian currently pregnant? ***After your child's enrollment, you may be asked to submit employment records.	□Yes □No 【Est. delivery date : / / 】			

Once you have confirmed all of the above, please write your name (in print) below:

Representative Guardian Name:

Date Completed Reiwa

/ /

TEL

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