様式第１３の２（第５条の２関係）Official Form 13-2 (Related to Article 5-2)

Application Form for Use of Childcare Facility

Example

(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

☑ New/Transfer Application	☐ Continued Use Application

Application Date: **2026**年 月 日

Guardian Address	〒**440-0000** Toyohashi-shi **Imahashi-cho 1 Banchi**
Furigana	
Child Name	**Toyohashi Tammy** Heisei・Reiwa **2024**年 ○○月 ○○日
Furigana	
Guardian Name (Representative Guardian)	**Toyohashi Tim** Shouwa・Heisei **1994**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
1st Choice	**Toyohashi Hoikuen**	**It's close to our home**	
2nd Choice	**Toyohashi Kodomo-en**	**It's close to my work**	

As applications are made for each school year, the longest you can request childcare for is for the length of the Reiwa 9 (2027) school year (April 1, 2027 to March 31, 2028) (assuming you have no usage restrictions)

＜Example＞ If both parents are working, you can apply to use a childcare facility from April 1, 2027 to March 31, 2028

If one parent chooses "job hunting" as their reason for needing childcare, you can apply for April 1, 2027 to June 30, 2027

If you apply with childbirth as a reason (exp. delivery date ~May 7), your child can attend from April 1, 2027 to July 31, 2027

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.		☐ I have 6 or more p… …e facilities (listed on separate pag…	
Reason childcare is required	**There is nobody to look after Tammy. Her mother and I both work, and her grandmother also works at an appliance store.**	Period during which childcare is required	From **2027** 年 **4**月 **1**日 to **2028** 年 **3**月 **31**日
Notes	Please give specific reasons as to why you need childcare.		

（continued on reverse）

☆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, 2027)	Sex	Place of Employment, or School Name + Grade, etc.
Applicant Child	Furigana **Toyohashi Tammy**	Self	**2** years old 歳 Year **2024**年 Month ○○月 Day ○○日	M・F	
Members of Child's Household	**Toyohashi Tim**	**Father**	**33** 歳	M・F	**Yoshida Department Store**
	Toyohashi Tina	**Mother**	**32** 歳	M・F	**JA Group Imahashi**
	Toyohashi Tristan	**Older Brother**	**7** 歳	M・F	**Toyohashi Elementary School, Grade 2**
			歳	M・F	
			歳	M・F	
			歳	M・F	
TEL	（Home） ― ― （Father Cell）**000－0000－0000**（Mother Cell）**000－0000－0000**				

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

☐1st child	☑2nd child	☐3rd child	☐4th child	☐5th child	☐6th child	☐7th child

（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.**

Development

Physical Standing while holding something（**8** months） Walking unassisted（**11** months）

Language Started speaking at（**18** months） Delay in speech?（ Y ・ (N) ）

Toilet independence (going without help) Urination (Peeing): (Y) ・ N Defecation (Pooping): Y ・ (N)

Concerning Behavior? (**Sucks on thumb, sometimes can't keep calm or loses temper**)

Major illnesses（ **None** ）

Allergies, chronic illnesses（ **Albumin/egg white allergy** ）

Medical institutions visited for child's development, etc.（ **Toyohashi Clinic** ）

Checkup for 18-month-old infants ☑Examined → Guidance ☐Yes Details:

☐Not yet examined ☑No

Checkup for 3-year-old toddlers ☐Examined → Guidance ☐Yes Details:

☑Not yet examined ☐No

（3） Grandparents

Be as specific as possible, down to the *banchi*

Grandparents on father's side	Grandparents on mother's side
☐Same household/on same plot of land/next door ☐Living Elsewhere→Address （ ） ☑Bereavement (Deceased)	☐Same household/on same plot of land/next door ☑Living Elsewhere→Address （□□市○○町△番地） ☐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.