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

(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
豊橋市福祉事務所長

☐ New/Transfer Application	☐ Continued Use Application

Application Date: Year 年 Month 月 Day 日

保護者住所 Guardian Address	〒 Toyohashi-shi
Furigana	
児童氏名 Child Name	Heisei・Reiwa Year 年 Month 月 Day 日
Furigana	
保護者氏名(代表保護者) Guardian Name (Representative Guardian)	Shouwa・Heisei Year 年 Month 月 Day 日

保育施設の利用について次のとおりに申し込みします。
I am applying to enroll my child in preschool, kindergarten, etc., as described below

	利用を希望する施設(事業所)名 Preferred Childcare Facility Name	希望理由 Reason for Wanting to Enroll	事業所番号 ＊City Use
第 1 希望 1st Choice			
第 2 希望 2nd Choice			
第 3 希望 3rd Choice			
第 4 希望 4th Choice			
第 5 希望 5th 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.	☐ 利用を希望する施設(事業所)が６か所以上あります。(2枚目あり) I have 6 or more preferred childcare facilities (listed on separate page)

保育の実施を必要とする理由 Reason childcare is required		保育の実施を希望する期間 Period during which childcare is required	From Year 年 Month 月 Day 日 to Year 年 Month 月 Day 日
Notes			

（continued on reverse）

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

	氏名　Name	続柄 Relation to Applicant Child	年齢(令和 9 年 4 月 1 日) Age (as of April 1, 2027)	性別 Sex	勤務先または学校名、学年 Place of Employment, or School Name + Grade, etc.
児童氏名 Applicant Child	Furigana	Self (本人)	years old 歳 Year 年 Month 月 Day 日	男・女 M・F	
利用児童の世帯員 Members of Child's Household		Father (父)	歳	男・女 M・F	
		Mother (母)	歳	男・女 M・F	
			歳	男・女 M・F	
			歳	男・女 M・F	
			歳	男・女 M・F	
			歳	男・女 M・F	
連絡先 TEL	（Home/自宅）　－　－	（Father Cell/父）　－　－	（Mother Cell/母）　－　－		

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

□1 子目 1st child	□2 子目 2nd child	□3 子目 3rd child	□4 子目 4th child	□5 子目 5th child	□6 子目 6th child	□7 子目 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 (発育)

Physical (身体)　Standing while holding something(つかまり立ち)（　　months/か月）Walking unassisted(ひとり歩き)（　　months/か月）

Language (言語)　Started speaking at(言語出始め)（　　months/か月）Delay in speech?(言語遅れ)（Y(有)・　N(無)）

Toilet independence? (排泄の自立)　Urination (Peeing/小): Y(可)・N(不可)　Defecation (Pooping/大): Y(可)・N(不可)

Concerning Behavior? (気になる行動)

(　　)

Major illnesses(大きな病気)（　　）

Allergies, chronic illnesses (アレルギー、慢性疾患)（　　）

Medical institutions visited for child's development, etc. (発育についてかかったことがある医療機関)
（　　）

Checkup for 18-month-old infants　□Examined(受診)　→　Guidance(指導)　□Yes(有)　Details(内容):
1 歳 6 か月児健診
□Not yet examined(未受診)　□No(無)

Checkup for 3-year-old toddlers　□Examined(受信)　→ Guidance(指導)　□Yes(有)　Details(内容):
3 歳児健診
□Not yet examined(未受診)　□No(無)

(3) Grandparents

Grandparents on father's side(父方祖父母)	Grandparents on mother's side(母方祖父母)
□Same household/on same plot of land/next door (同居)	□Same household/on same plot of land/next door (同居)
□Living Elsewhere(別居)→Address	□Living Elsewhere (別居)→Address
（　　）	（　　）
□ Bereavement (Deceased)(死別)	□ Bereavement (Deceased)(死別)

＊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.