様式第１
Official Form 1

Type 2, 3 Certification

Current facility or first choice facility

Application for Certification of Education and Childcare Benefits (New・Changes・Reapplication)
Application for Certification Details Notification (Changes・Status)

Date:

To the Mayor of Toyohashi

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

I am applying for authorization to receive subsidies for childcare fees. I agree to provisions put in place for special educational and childcare facilities, regarding the payment of childcare fees based on my family's status and my (and those living with me) personal residence tax information.

Child	Name	Date of Birth	My Number	Gender	Relationship with guardian	Has disability certificate?
	(Furigana)	・ ・		M ・F		Yes ・ No
Parent/ guardian	(Furigana)	・ ・		(TEL #)		
	(Address) Toyohashi-shi					
Authorization #	※Please write if you are already receiving educational/childcare benefits					
Do you wish to receive childcare (※)	Yes : Due to work, illness, etc., I wish to entroll my child in a preschool/childcare center (Type 2/3 Authorization (*Ni/San-gou Nintei*))					
	No : I wish to enroll my child in kindergarten (*Youchien*), etc. (Type 1 Authorization (*Ichi-gou Nintei*))					
Changes made	☐Family status ☐Reason for application ☐Usage hours ☐Other	Reason for change		Reason for reissue	Torn・Lost・Dirtied	

(※) ・"Preschool/childcare center, etc." includes smaller childcare centers, company childcare, home-visit childcare, etc.
・"Kindergarten, etc." includes the educational division in certified child centers (*Nintei Kodomoen*), etc.
・**If you answered "yes" to receiving childcare, please fill in items ① - ③ (③ on reverse). If you answered "no", please fill in ① and ② only.**

①Household 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)	Father	. .	M・F			Yes・No	Same home・different home
	(Furigana)	Mother	. .	M・F			Yes・No	Same home・different home
	(Furigana)		. .	M・F			Yes・No	Same home・different home
	(Furigana)		. .	M・F			Yes・No	Same home・different home
	(Furigana)		. .	M・F			Yes・No	Same home・different home
	(Furigana)		. .	M・F			Yes・No	Same home・different home
	(Furigana)		. .	M・F			Yes・No	Same home・different home

Welfare status	N/A ・ Receiving welfare (Starting date:)
Parental status	☐**Single parent**→If yes, receiving child support? Yes No ・ ☐**Other**
Residence as of January 1st, 2026	☐Toyohashi ・ ☐Outside of Toyohashi (Address:)

②Desired childcare period (Year/Month/Day ～ Year/Month/Day)

Desired period	～

○Sections marked with a * are for administrative use only. You do not need to complete them.
○Please write neatly and clearly.

(Front)

③Reason for applying for childcare

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

	Relationship	Reason
Reason for applying for childcare	Father/Other ( )	☐Work Workplace ( ), Commute time: Days/month: Work hours , Return to work date (tentative):
		☐Illness/disability Details of illness/disability:
		☐Caretaking Details:
		☐Disaster recovery Severity of disaster ,etc.:
		☐Job hunting
		☐School Name of school ( ) hours/week & days/week: School hours Period
		☐Paternity leave Period:
		☐Other
	Mother/Other ( )	☐Work Workplace ( ), Commute time: Days/month: Work hours , Return to work date (tentative):
		☐Pregnancy/childbirth Birthdate (estimate):
		☐Illness/disability Details of illness/disability:
		☐Caretaking Details:
		☐Disaster recovery Severity of disaster ,etc.:
		☐Job hunting
		☐School Name of school ( ) Commute time: Days/week: School hours Period
		☐Maternity leave Period:
		☐Other

Desired period (※)	Days of the week	Hours
	☐Standard ・ ☐Short stay	

(※) ・For days of the week and hours, please write times that are within the operating hours of the facilities of your choice

・Standard childcare (full stay) is for guardians who work 120+ hours per month, and need childcare services for more than 8 hours/day (max. 1

・Short stay childcare (regular hours) is for guardians who work 64+ hours per month and need childcare for less than 8 hours per day.

(Note) Operating hours vary by facility.

＊FOR CITY ADMINISTRATIVE USE 市記載欄

受付年月日	年 月 日	証回収日	年 月 日

認定の可否	認定証（者）番号	認定区分等
可・否 (否とする理由) 年 月 日認定		☐１号 ☐２号 ☐３号 (☐標 ☐短)

支給（入所）の可否	支給(利用)期間
可・否 (否とする理由) 〔☐施設型 ☐地域型 ☐特例施設型 ☐特例地域型〕	自 年 月 日 至 年 月 日

入所施設（事業者）名
☐認定こども園（☐連 ☐幼（☐幼 ☐保） ☐保（☐保 ☐幼） ☐地（☐幼 ☐保）） **☐幼稚園** **☐保育所** **☐地域型**（☐小 ☐家 ☐居 ☐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（ ）

Re

＊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（ ）

(Reverse)