様式第１
Official Form 1

Type 2, 3 Certification

Current Childcare Facility/1st Choice Facility Name:

Please write the name of your 1st choice facility

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

Date: Reiwa ○／○○／○○

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

To the Mayor of Toyohashi

Parent/guardian name: Toyohashi Tiana
(Person who will take the child to/pick the child up from 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 certification to ree to provis childcare facilities, regarding the 's status an residence tax information.

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.*

Child	Na		My Number	Gender	with guardian	certificate?
	(Furigana) **Toyohashi Tina**		456789012345	M・F		Yes・No
Parent/guardian	(Furigana) **Toyohashi Tom**	○○・○○・○○		(TEL #) Mother's cell phone 090 - xxxx - ○○○○		
	(Address) Toyohashi-shi **Imahashi-ch**					
Authorization #	※Please write if you are alre					
Do you wish to receive childcare (※)	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*))					
	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	Torn・Lost・Dirtied	

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.

(※) • "Preschool/childcare center, etc." includes smaller childcare centers, company childcare, home-visi
• "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 y l in ① and ② only.**

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

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) **Toyohashi Tom**	Father	○○.○○.○○	M・F	987654321098	Yoshida Department Store	Yes・No	Same home・different home
	(Furigana) **Toyohashi Tiana**	Mother	○○.○○.○○	M・F	234567890123	Agricultural Cooperative	Yes・No	Same home・different home
	(Furigana) **Toyohashi Tim**	Older Brother	○○.○○.○○	M・F	345678901234	Toyohashi Elementary, Grade 2	Yes・No	Same home・different home
	(Furigana) **Toyohashi Tiffany**	Younger Sister	○○.○○.○○	M・F	456789012345	No Daycare, Work, etc.	Yes・No	Same home・different home
	(Furigana) **Toyohashi Theresa**	Grand mother	○○.○○.○○	M・F	123456789012	Appliance Shop	Yes・No	Same home・different home
	(Furigana) **Toyohashi Tristan**	Uncle	○○.○○.○○	M・F	678901234567	Unemployed	Yes・No	Same home・different home
	(Furigana)		. .	M・F			Yes・No	Same home・different home

※Receiving child support includes receiving aid for medical expenses for single parents (*Boshi Fushi Katei-tou Iryouhi Josei*)

※Single parents should circle "yes" or "no" if they are receiving child support aid for single

N/A・Receiving welfa)

☐Single parent→If yes,※receiving child r

Residence as of January 1, 2026 i (Ad

※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 Shoumei-sho*), etc.).

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

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

Desired period	**April 1, Reiwa 9 (2027) ～ March 31, Reiwa 12 (2030)**

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○If you will enter your child(ren) between April and August, 2027: Your residence tax amount from the FY of Reiwa 8 (2026) will be used to calculate your childcare fees.

○If you enter your child(ren) in or after September 2027: Your residence tax amount from the FY of Reiwa 9 (2027) 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	
	Father/Other ( )	☐Work	Workplace (**Yoshida Department Store**) Commute time: **40 mins** Days/month:**22** Work hours **8 AM - 5:30 PM** , Return to work date (tentative):
		☐Illness/disability	Details of illness/disability: **Physical handicap, Grade 1, because of ○○**
		☐Caretaking	Details: **My mother, Theresa, is *Youkaigo* (requires nursing) level 4**
		☐Disaster recovery	Severity of disaster ,etc.:
		☐Job hunting	
		☐School	Name of school ( ) hours/wee School hours Period
		☐Paternity leave	Period:
		☐Other	
	Mother/Other ( )	☐Work	Workplace (**Toyohashi Agricultural Co-op**) Commute time: **20 mins** Days/month: **20** Work hours **9 AM - 3:30 PM** , Return to work date (tentative): **May, 20,2027**
		☐Pregnancy/childbirth	Birthdate (estimate): **February 3, 2027**
		☐Illness/disability	Details of illness/disability:
		☐Ca	
		☐Dis	
		☐Jo	
		☐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, 2028**
		☐Maternity leave	Period:
		☐Other	**(have younger kids, I want to be able to return to work in August 2027)**

Desired Period (※)	Days of the week	Hours
	Monday - Friday	8:00 AM - 4:00 PM
	☐Standard ・ ☑ Short stay	

Even if you could apply for childcare for various reasons, please check ☑ only the main reason and describe it as requested.

For illness, caregiving, etc., please give specific details, like the name of the illness, its severity, anticipated treatment

Overlapping information is written here in order to give you examples of various acceptable reasons

Please fill with the date scheduled to return to work when applying for return of childcare leave.

Hours you need your child to stay, e.g. drop off at 8 AM and pickup at 4 PM

(※) ・For days of the week and hours, please write times that are within the operating hours of t
・Standard childcare (full stay) is for guardians who work 120+ hours per month, and need childcare ser (max. 1
・Short stay childcare (regular hours) is for guardians who work 64+ hours per month and need childcare

(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） ☐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（ ）

＊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)