

Application Form for Approval of Eligibility to Apply for a Daycare Center/Enrollment
(教育・保育給付認定申請書兼教育・保育施設等利用申込書)

To: Tsukuba Mayor

Date of application (yyyy/mm/dd):

/ /

Parent/Guardian

〒 -
Address

Name

I would like to apply for Approval of Eligibility to Apply for a Daycare Center.

Your child	Katakana				Date of birth	Relation to you	Gender	つくば市記入欄
	Name				(yyyy/mm/dd)			
	My Number	As per the form attached			/ /			子ども番号
Which approval category would you like to have?	Do you need childcare services at a daycare center or kindergarten? Please circle the answer and tick the box that applies.	No	<input type="checkbox"/> Category 1 (Age 3 or older)		Tick the box if you wish to apply for kindergarten childcare services.			
		Yes	<input type="checkbox"/> Category 2 (Age 3 or older)		You wish to use childcare services at a daycare center (including daycare services at certified centers for early childhood education/municipal-level childcare services) for my child due to work, illness, etc.			
	Hours of childcare services If you wish to apply for category 2 or 3, please tick either of boxes on the right.	<input type="checkbox"/> Standard childcare hours (11hrs)		Both parents are working over 120hrs per month, caring for a family member, ill, pregnant, going to give birth, etc.				
		<input type="checkbox"/> Short-time childcare hours (8hrs)		One of the parents are working less than 120hrs per month, seeking a job, or on parental leave.				
Reason to apply for childcare services (fill out a number)	Father	Please fill out an applicable number in the box on the left. 1 work 2 illness/disability 3 care for a family member 4 school/university						
	Mother	5 seeking for a job 6 pregnancy/giving birth 7 other reasons ()						
Certificate of residence as of Jan 1, 2024	Father	<input type="checkbox"/> Tsukuba City	<input type="checkbox"/> Other ()	Mother	<input type="checkbox"/> Tsukuba City	<input type="checkbox"/> Other ()		
Family members who live with the child except grandparents.	Relation to the child	Name	Date of birth	Phone number	Occupation	Name of company/school	My Number	
	Father	Katakana	(yyyy/mm/dd)				As per the form attached.	
			/ /					
	Mother	Katakana	/ /					
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Expecting delivery	<input type="checkbox"/> No <input type="checkbox"/> Yes	Expected date: / /	Date for returning to work N.B. For parents on maternity/parental leave only	<input type="checkbox"/> None <input type="checkbox"/> Date (年 月 日)				
Please confirm current conditions of the child's grandparents. (If the grandparent(s) have already passed away, please tick the box above "deceased" without writing their names.)								
Relation to the child	Name	Date of birth	Address	Address (Please fill out the address, if he/she does not live	Work situation, etc.			
Paternal side	Grandfather	<input type="checkbox"/> Deceased	/ /	<input type="checkbox"/> Same <input type="checkbox"/> Separate		<input type="checkbox"/> Same as above	<input type="checkbox"/> working	<input type="checkbox"/> ill
	Grandmother	<input type="checkbox"/> Deceased	/ /	<input type="checkbox"/> Same <input type="checkbox"/> Separate			<input type="checkbox"/> working	<input type="checkbox"/> ill
Maternal side	Grandfather	<input type="checkbox"/> Deceased	/ /	<input type="checkbox"/> Same <input type="checkbox"/> Separate		<input type="checkbox"/> Same as above	<input type="checkbox"/> working	<input type="checkbox"/> ill
	Grandmother	<input type="checkbox"/> Deceased	/ /	<input type="checkbox"/> Same <input type="checkbox"/> Separate			<input type="checkbox"/> working	<input type="checkbox"/> ill

I would like to apply for enrollment of educational facilities and/or daycare centers as below.

Name of facilities you wish to enroll your child	First choice		Does the child have sibling(s) in this facility? N.B. Not applicable if the sibling already left the facility.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Second choice		Does the child have sibling(s) in this facility? N.B. Not applicable if the sibling already left the facility.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Third choice		Does the child have sibling(s) in this facility? N.B. Not applicable if the sibling already left the facility.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
	Would you like to be notified, if facilities other than above become available? <input type="checkbox"/> No <input type="checkbox"/> Yes (Only for the first month of the desired period)				
Desired period of enrollment	From (yyyy/mm/dd)	till	Desired day of week	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mor · Tue · Wed · Thu · Fri · Sat · Sun
Situation regarding childcare Please tick the box which has the most relevant number of days.	<input type="checkbox"/> Both parents are working and one of them is on childbirth/parental leave.				
	<input type="checkbox"/> An unemployed mother/father (who is looking for a job or is scheduled to work) or grandparents living together (same address as the child) are looking after the child.				
	<input type="checkbox"/> I ask my grandparents (or other relatives) who are living separately from my child to look after him/her.				
	<input type="checkbox"/> I take my child to my workplace and look after my child while working.				
	<input type="checkbox"/> I use a daycare facility at work.		Name of in-house childcare facility:		
	<input type="checkbox"/> My child goes to a licensed daycare center/nintei-kodomoen, etc. (Wish to go to a different one.)		Name of childcare facility:		
	<input type="checkbox"/> My child goes to non-licensed childcare facility/temporary childcare.		Name of childcare facility:	Days per month	Hours per day
<input type="checkbox"/> Other ()					

Agreement

1. If the contents of the application form, attached documents, identification documents, and certificate (referred to as "application documents" hereafter) are different from the actual situation, the Approval of Eligibility to Apply for a Daycare Center (*shikyu nintei*) or Approval of Eligibility to Apply for educational/childcare facilities such as daycare centers, nursery schools, and kindergartens (referred to as "facilities, etc." hereafter) may subject to be revoked.

2. I will pay childcare fees determined without delay.

3. There may be cases where Tsukuba City accesses your municipal tax information (including the members of the same household), as well as household information which is necessary for giving the Approval for Receiving Childcare Service

4. The City may provide application documents to a facility and the relevant departments as deemed necessary for using and operating the facility.

5. There may be cases where the City contacts your employer to confirm the information on the application form if there is any doubt, or if there is insufficient information

6. You will be notified of the screening result regarding the approval within 30 days of application. If it takes a long time for the screening for the approval, because there is high volume of applications or other reasons, the screening result for the approval will be notified by the date you wish to start using childcare services.

I hereby agree to be bound by the following items:

Parent/Guardian's
signature: _____

Please be aware of the following items before submitting this form.

7. There may be cases where the City presents your childcare fees determined based on the information in 3 above to the facility.

8. If you fail to pay childcare fees on time, there are cases where dispositions such as the seizure of the assets/properties will be conducted based on stipulations in the Child Welfare Act or Child and Child Care Support Law.

9. We ask parents/guardians to look after their child(ren) at home where possible, even if they have received approval for childcare.

Please do NOT fill out below:

*つくば市記載欄

認定区分	1号・2号・3号	保育必要量	標準・短	認定期間	年 月 日 から	年 月 日 まで			
受付	/	入力	/	入力確認	/	認定	/	料金	/

*施設等記載欄 (保護者が施設又は事業者を経由してつくば市に提出した場合)

受付年月日	年 月 日	施設 (事業者) 名
備考		