Application Form for Approval of Eligibility to Apply for a Daycare Center/Enr

(教育・保育給付認定申請書兼教育・保育施設等利用申込書)

Example

To: Tsukuba Mayor

Date of application (yyyy/mm/d

2023/10/1

0817

Parent/Guardian \equiv 305 -

Address Tsukuba Mansion 1102 1-1-1 Kenkyu-gakuen Tsukuba

Name Taro Tsukuba

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

		Katakana			サブロウ ツクバ	Date of birth		Relation to you Gende		つ	くば市記入欄			
Your	child	Name			Saburo Tsukuba		(yyyy/mm/dd)		Child	Male				
		My Number		Д	As per the form attached	Please fill out "	Please fill out "Individual Number (My Number		r) Form" and			子ども番号		
Which approval category would you like to have?		Do you need childcare services	No		tegory 1 (Age 3 or older) Tick the box if you wish to apply for kind						childca	re services.		
		at a daycare center or kindergarten? Please circle the answer and tick the box that applies.	Yes		oute 60. 1 = (1.6c 0 0. 0.uc.	You wish to use childcare services at a daycare center (including daycare services a ertified centers for early childhood education/municipal-level childcare services) for my child due to work, illness. etc.								
		If you wish to category 2 or 3	rish to apply for 2 or 3, please tick		Both parents are working over 120hrs per month, caring for a family member, ill, pregnant, going to give birth, etc. One of the parents are working less than 120hrs per month, seeking a job, or or parental leave.									
Reason to apply for childcare services (fill out a number)		Father	:	L	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	:	L	5 seeking for a job 7 other reasons (1								
Certificate of residence as of Jan 1, 2023		Father	☑ Tsu	kuba Cit	Other (Mother	☑ Tsuku	ba City □] Other	. ()		
	Relation to the child		Name		Date of birth	Phone	number	Occupation	Name of	company/	/school	My Number		
s;	Father	Katakana 5	タロウ ツ	'クバ	(yyyy/mm/dd)			Company						
Family members who live with the child except grandparents.		Ta	ro Tsukuba	ı	1985/10/4			ase fill out "Individual Number (My Number) As p				As per the form		
		Katakana /	ハナコ ツ	'クバ				and submit.	t XX City Hall			attached.		
	Mother	Han	ako Tsukul	oa	1986/4/25	080-12	34-5678	Civil servant						
Older sister		Han	ayo Tsukul	oa	2013/5/10				XX Elementary		chool			
ve with t	Older brother	Jir	o Tsukuba		2016/8/30 If the child's siblings go to a daycare center/kindergarten, please fill out its name. XX Nursery									
s who li					/ >		/							
Family members					/ /		,							
					/ /									
					/ /									
Expecting	g delivery	□ No	☑ Yes	Expe	cted date: 2023/6/21	N.B. For p	rning to work parents on ental leave only	□ None		Date	(年 月 印		

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.)

	٧.	. the Branaparent(s) in		ia, passea ama,, piease		wasore accessed without withing their				
Relation to	o the child	Name		Date of birth	Address	Address (Please fill out the address, if he/she does not live	W	ork situa	ation,	, etc.
	Grand-	Fukuro Tsukuba		1955/4/1	☐ Same	x-y-z Azuma, Tsukuba	V	working		ill
Paternal	father	Tukulo Isukuba	Deceased		☑ Separate			unemployed	unemployed other	
side	Grand-	Fukuko Tsukuba		1956/5/2	☐ Same			working		ill
	mother	FUKUKO ISUKUDA	Deceased		✓ Separate	i ☑ as	☑	unemployed		other
	Grand-			, , ,	•	living with the child, who are born after April 1,		working		ill
Materna	father		Deceased			ired to submit documentation to prove that they fter the child during day.		unemployed		other
l side	Grand-	Yoko Chiba		1958/3/2				working	V	ill
r	mother	YOKO CIIIDA	Deceased		✓ Separate	above	. ✓	unemployed		other

				center	s have similar n	ct names and do not sh ames.		recourse some day.		_			
	First choice		xxxxx Daycare Co	ent Have	Have you checked the minimum age for each daycare center? Please note that some daycare centers do not accept infants younger than 6								
Name of facilities	Second YYYYYYYYY Nursery				applicable if the sibling already left the facility.						Yes		
your child	Third choice		ZZZ Nursery Sch	hool		Does the child have si applicable if the si			a No		Yes		
	Would you like to above become av		acilities other than	·	No	☐ Yes (C	only for the	first month of	the desire	ed peri	od)		
Desired period of	From (yyyy	/mm/dd)		1	ill	Desired day o	f 🗹	7 7	v v				
enrollment	2024/4	/1		2028	/3/31	week	Mor	· Tue · Wec ·	Thu • Fri	• Sat	· S		
	Both parents are working and one of them is on childbirth/parental leave.												
	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.												
ituation regarding	☑ I ask my grandparents (or other relatives) who are living separately from my child to look after him/her.												
childcare	□ I take my child to my workplace and look after my child while working.												
Please tick the box which has the most relevant number of	□ I use a daycare facility at work. Name of in-house childcare facility:												
days.	☐ My child goes to a licensed daycare center/nintel-kodomoen, etc. (Wish to go to a different one.) Name of childcare facility:												
	☐ My child go temporary		sed childcare facili	• •	lame of hildcare facility:	:		Days pe month		Houi d	rs pe ay		
	□ Other	(
	ng the Approval for	Receiving Childca	re Service			mbers of the same h			old inform	ation w	/hich		
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