## 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:	Tsukub	oa Mayor				Date	of application	n (yyyy/mm/d	id):		/		/
					Parent/G	iuardian	Address	₹	-				
							Name						
I wou	ld like to	annly for Ac	nroval of	Fliøihility	to Apply for a Daycare (	Center.							
Your child		Katakana			(O) (ppi) (O) (C) (C)		Date	of birth	Relation to you	Gender	つ	くば市記	八欄
		Name					(yyyy	/mm/dd)					
		My Number		Ası	per the form attached		/	/				子ども番	·号
		Do you need childcare services	No	□ Cat	tegory 1 (Age 3 or older)	Tick	the box if yo	u wish to app	ly for kind	lergarten c	childca	re services	S.
Which approval category would you like to have?		at a daycare center or kindergarten? Please circle the answer and tick the box that applies.	Yes			ertified cente	ou wish to use childcare services at a daycare center (including daycare services at rtified centers for early childhood education/municipal-level childcare services) for my child due to work, illness. etc.  Both parents are working over 120hrs per month, caring for a family member,						
		Hours of childo If you wish to category 2 or 3 either of boxes	o apply for B, please tick C. Cheathing a billion beautiful on the parents are working less than 120hrs per month, seeking a jol										
Reason to apply for childcare		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									
services (fill out a number)		Mother			5 seeking for a job 7 other reasons (	-	/giving birth	birth )					
Certificate of residence as of Jan 1, 2023		Father	□ Tsu	ıkuba City	□ Other (	)	Mother	□ Tsuku	ıba City 🗆	Other	(		)
	Relation to the child		Name		Date of birth	Phone	number	Occupation	Name of	company/	school	My Nu	umber
s,		Katakana	Katakana		(yyyy/mm/dd)								
Family members who live with the child except grandparents.	Father				/ /							As per th	he form
granc		Katakana	atakana		, ,						attache		
xcept	Mother				, ,								
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Fami		-			/ /	/							
					/ /								
Expecting delivery    No  Yes    Expecte				ed date: / /	N.B. For	urning to work parents on ental leave only	□ None		Date	(	年	月 町	
	,	/If the grand	narent(s) !		se confirm current cond ady passed away, please		_	•	out writir	ng their na	ames.	١	
Relation to	o the child		Name	lave unca	Date of birth	Address		Address	S			rk situatio	on, etc.
	Grand-				/ /	□ Same		ut the address, if	: he/sne uoe	s not live		working	
Paternal	father			Deceased	/ /	☐ Separate	<del> </del>			Same		unemployed	
side	Grand- mother			Deceased	/ /	☐ Same	i			as as		working  unemployed	
	Grand-				, ,	□ Same	ļ			above		working	
Maternal	father	<u> </u>		Deceased	/ /	☐ Separate	<b></b>			- Camp		unem ployed	
side	Grand-				/ /	□ Same				Same as		working	] ill

I would like to apply for enrollment of educational facilities and/or daycare centers as below. Does the child have sibling(s) in this facility? N.B. No First choice No Yes applicable if the sibling already left the facility. Second Does the child have sibling(s) in this facility? N.B. No Name of facilities No Yes applicable if the sibling already left the facility. choice you wish to enroll Third oes the child have sibling(s) in this facility? N.B. No your child No Yes applicable if the sibling already left the facility. choice Would you like to be notified, if facilities other than □ No ☐ Yes (Only for the first month of the desired period) above become available? From (yyyy/mm/dd) till П П Desired period of Desired day of enrollment week Mor • Tue • Wec • Thu • Fri · Sat · Sun 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. I ask my grandparents (or other relatives) who are living separately from my child to look after him/her. Situation regarding childcare I take my child to my workplace and look after my child while working. Please tick the box which has the most I use a daycare facility at work. Name of in-house childcare facility: relevant number of days. My child goes to a licensed daycare center/nintei-kodomoen, etc. (Wish to Name of childcare facility: go to a different one.) My child goes to non-licensed childcare facility/ Hours per Days per temporary childcare. childcare facility: day ( ) 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.  $2. \quad \hbox{I will pay childcare fees determined without delay}.$ 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 煙淮 • 頞 認定期間 玍 玍 日 日 日 から 日 まで 受付 認定 料金 入力 確認 \*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 施設 (事業者) 名

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