

# Confirmation Slip for Enrollment in Daycare Center (front)

Name of child \_\_\_\_\_

Date of birth \_\_\_\_\_

## 1. All applicants must fill in the following sections.

①	Does anyone in your household have a Physical Disability Certificate or Rehabilitation Certificate?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Please submit a copy of the certificate.)
②	Are you or someone in your household eligible for welfare payments?	<input type="checkbox"/> No <input type="checkbox"/> Yes Please submit a proof of receiving payments.)
③	Is either of the child's parents/guardians currently working away from home?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Location: _____ )
④	*If ticked "yes" for ③, is the parent/guardian registered as a resident in Tsukuba City?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Please submit a document that clearly shows the current address, such as a public utilities bill, lease contract, etc.)
⑤	As of FY 2025, how many children are there in the household under elementary school age? (including the child(ren) for whom the application is made for.)	child(ren)
⑥	Are you allowed to defer enrollment taking parental leave in case not affeered a place at a daycare center?	<input type="checkbox"/> No, I am not. <input type="checkbox"/> Yes, I am. <small>*Nine points will be deducted. However, if there is room at your preferred daycare center, your child may be granted a place.</small>

## 2. Applicants with two or more children must fill in the following section.

Preferred Approval Category		Additional Explanation
<input type="checkbox"/>	I would like my children to enter the same daycare center at the same period. <b>(prioritize siblings being together)</b>	If one of your children is not accepted in the same daycare center at the same time as his/her sibling(s), none of your children can go to a daycare center.
<input type="checkbox"/>	I do not mind sending my children in different daycare centers at different time. <b>(prioritize enrollment)</b>	There may be cases where your children are accepted at different daycare centers or only one of them is accepted at a daycare center.

Please notify Childcare Institutions Management Division, if there are any changes in your childcare situation from the time of application.

Please turn over.

## Confirmation Slip for Enrolment in Daycare Center (reverse)

### 5. The following section must be filled in by single-parent households.

Single-parent households are households with children headed by a parent who is widowed, divorced, or unmarried.

For divorce, parents must have a separate certificate of residence.

If the child is living with someone who is about to get married with the child's father or mother, or if someone other than the parents is supporting the child, the family is not considered as a single-parent-household.

Name of former spouse/partner	Date of birth:                      /                      /		
Former spouse/partner's marital status	<input type="checkbox"/> No marital history (no need to fill in columns below)		<input type="checkbox"/> Divorced
	<input type="checkbox"/> Undergoing divorce mediation	<input type="checkbox"/> Living separately, expecting to divorce	<input type="checkbox"/> Deceased
	<input type="checkbox"/> Whereabouts unknown <input type="checkbox"/> Other (                      )		
Date of the above-mentioned took place	(yyyy/dd/mm)                      /                      /		
Date of separating residence certificates	(yyyy/dd/mm)                      /                      /		

### 6. Please fill in the following section if you or someone in your family is a foreign national.

This questionnaire is to inquire about the child and parents' Japanese level, dietary restrictions and visa status before entering a daycare center.

	Father		Mother		Child	
Nationality						
Visa status						
Permission to Engage in Activity Other Than That Permitted under the Status of Residence	YES / NO		YES / NO			
Dietary restrictions due to religion or other reason					<input type="checkbox"/> Beef <input type="checkbox"/> Pork <input type="checkbox"/> Chicken <input type="checkbox"/> Other (                      )	
Communication Select from ① – ③ as applicable.	English Level	Japanese Level	English Level	Japanese Level	English Level	Japanese Level
	① Able to communicate fine. ② Understand a few words. ③ Cannot speak / understand at all.					
Reading and Writing Select from ① – ④ as applicable.	English Level	Japanese Level	English Level	Japanese Level	English Level	Japanese Level
	Able to read (write) ①kanji (漢字)    ②hiragana (ひらがな)    ③katakana (カタカナ) ④ no proficiency					
Is there someone who can understand Japanese and help you?	<input type="checkbox"/> YES      Name: _____ Phone number: _____  <input type="checkbox"/> NO      Please note that we <b><u>CANNOT</u></b> accept your application unless you are with someone who can help you communicate in Japanese.					