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/G	uardian	Address	〒	-					
						_	Name							
Lwoul	d liko to	annly for An	proval of E	- - - - -	to Apply for a Daycare C	Contor								
i woul	u like to		provaror	Ingibility	to Apply for a Daycale C	Name Pate of birth Pate								
Your child		Katakana					Date	Relation to you	Gender		ンくは「	1配人	· / [R]	
		Name					(yyyy/mm/dd)							
		My Number		As	per the form attached		/							
		childcare services at a daycare center	No	□ Cat	tegory 1 (Age 3 or older)	Tio	ck the box if y	ou wish to ap	oply for kir	ndergarte	n child	care serv	ices.	
Which approval category would		or kindergarten? Please circle the answer and tick the box that applies.	arten? de the did tick that ts. Category 2(Age 3 or older You wish to use childcare services a certified centers for early childhood ed certified centers for early childhood ed child due s.							nicipal-le ness. etc.	vel chil	dcare sei	rvices)	for my
ou like t	to have?	If you wish to apply for category 2 or 3, please tick Short-time childcare hours (11hrs pregnant, going to give birth, etc. One of the parents are working less than 120hrs per month, seeking a job, or												
Passon t	to apply				Please fill out an annlic			n the left						
Reason to apply for childcare		Father	tilei											
ervices (fill out a number)		Mother			5 seeking for a job 7 other reasons (6 pregnancy)	
ertificate of residence as of Jan 1, 2024		Father	□ Tsul	kuba City	□ Other ()	Mother	□ Tsuku	ıba City 🗆	Other	()
who live with the child except grandparents.	Relation to the child		Name		Date of birth	Phone	number	Occupation	Name of	company	school	Му	Num	ber
	the child	Katakana			(yyyy/mm/dd)									
	Father				(//////, 22/									
					/ /							As pe	er the	form
	Mother	Katakana										at	.tache	d.
					/ /									
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ive with					/ /									
Family members who li					/ /									,
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					/ /									
					/ /	/	uning to work							
xpecting	delivery	□ No	□ Yes		ed date: / /	N.B. For maternity/par	parents on ental leave only			Date	(年	月	目)
		(If the gran	dnaront(s)						thout writ	ing thoir	namo	- \		
elation to	the child	(ii tile graii	Name	nave an	Date of birth		Ox above the			ing then			ation	etc
aternal	Grand-		· tuinc		Dute of birtin		1	ut the address, i	f he/she doe	s not live				
	father			Deceased	/ /		į					-		
side	Grand-				/ /	□ Same	1					working		ill
	mother			Deceased	/ /	☐ Separate	-			above		unemployed		other
	Grand-				/ /	□ Same	į							ill
side	father			Deceased		☐ Separate				Same				other
	Grand- mother			Deceased	/ /	☐ Same	į							ill other
		•								annva				-

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

	First choice				Does the child have sibling(s) in this facility? N.B. Not applicable if the sibling already left the facility.								
Name of facilities	Second choice					Does the child have sibling(s) in this facility? N.B. Not applicable if the sibling already left the facility.							
you wish to enroll your child	Third choice					Does the child have sibling(s) in this facility? N.B. Not applicable if the sibling already left the facility.							
	Would you like to be notified, if facilities other than above become available? Yes (Only for the first month of the desired period)												
Desired period of	From (yy	ry/mm/dd)		till		Desired day of	0 0	0 0	o o o				
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.												
Situation regarding childcare	I ask my grandparents (or other relatives) who are living separately from my child to look after him/her												
Please tick the box which has the most	I take my child to my workplace and look after my child while working.												
relevant number of days.	My child goes to a licensed daycare center/nintei-kodomoen, etc. (Wish to go to a different one.) Name of childcare facility:												
		goes to non-licer y childcare.	nsed childcare facilit		ne of Icare facility:			Days per month					
	□ Other	(-)				
1. If the contents	of the application	form, attached doc	cuments, identification	Agreem documents, an		referred to as "applica	ation documents"	' hereafter) are	different from the				
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 childe	care fees determin	ed without delay.											
		ba City accesses yo Receiving Childcar	our municipal tax infor re Service	mation (includi	ng the membe	ers of the same house	hold), as well as h	nousehold infor	mation which is				
4. The City may p	rovide application	documents to a fa	cility and the relevant	departments as	deemed nec	essary for using and o	perating the facil	ity.					
5. There may be	cases where the C	ty contacts your e	mployer to confirm the	e information or	n the applicati	on form if there is any	doubt, or if ther	e is insufficient	: information				
			g the approval within 3						ause there is high				
volume of applicat	ions or other reas	ons, the screening	result for the approval	will be notified	by the date y	ou wish to start using	childcare service	?S.					
I hereby agree	to be bound by	the following it											
				:/Guardian'	S								
Discoult constant	Calco Collon Con the			gnature:									
		ns before submitti	ng tnis form. hildcare fees determin	ed hased on the	a information	in 3 ahove to the facil	itv						
								ed on stipulatio	ons in the Child Welfar				
Act or Child and Cl	nild Care Support	aw.											
9. We ask parents,	guardians to look	after their child(re	n) at home where pos	sible, even if the	ey have receiv	red approval for childo	are.						
*つくば市記載相			Pleas	e do NOT fill	out below:								
		2 /2 / 7 / 7	I THE SHEET A PARK	377 da 110 BB									
認定区分 1号	· · 2号· 3	子 保育必要量	標準・短	認定期間	<u> </u>	手 月 日	から	年	月 日 まで 				
受付 /	入	カ /	入力 確認	/		認定	*	計金 /					
*施設等記載欄	(保護者が施)	サンけ事業者を	<u>'</u> - 経由してつくば	市に提出し	た堪会)		<u> </u>		I				
受付年月日	(休暖日が旭)	年 月 日		(事業者) 名									
X11 T 71 H		, /1 F	ルビリス	(TA:1/1									
備考													