

Application Form for Approval of Eligibility to Apply for a Daycare Center/Entrance
(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/dd)

2024/10/1

Parent/Guardian

〒 305 - 0817

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.

Your child	Katakana	サブロー ツクバ		Date of birth	Relation to you	Gender	つくば市記入欄
	Name	Saburo Tsukuba		(yyyy/mm/dd)	Child	Male	
	My Number	As per the form attached		Please fill out "Individual Number (My Number) Form" and			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.			
			Category 3 (Under 3 yrs.)				
	Hours of childcare services If you wish to apply for category 2 or 3, please tick either of boxes on the right.	<input checked="" 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	1	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	1	5 seeking for a job 6 pregnancy/giving birth 7 other reasons ()				
Certificate of residence as of Jan 1, 2024	Father	<input checked="" type="checkbox"/> Tsukuba City <input type="checkbox"/> Other ()	Mother	<input checked="" 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 タロウ ツクバ	(yyyy/mm/dd)	090-1234-5678	Company	XX Co., Ltd.	As per the form attached.
		Taro Tsukuba	1985/10/4				
	Mother	Katakana ハナコ ツクバ	1986/4/25	080-1234-5678	Civil servant	XX City Hall	
		Hanako Tsukuba					
	Older sister	Hanayo Tsukuba	2013/5/10			XX Elementary School	
	Older brother	Jiro Tsukuba	2016/8/30			XX Nursery	
			/ /				
			/ /				
		/ /					
		/ /					
Expecting delivery	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Expected date: 2023/6/21	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	Grand-father	<input type="checkbox"/> Deceased Fukuro Tsukuba	1955/4/1	<input type="checkbox"/> Same <input checked="" type="checkbox"/> Separate x-y-z Azuma, Tsukuba	<input checked="" type="checkbox"/> working <input type="checkbox"/> ill <input type="checkbox"/> unemployed <input type="checkbox"/> other
	Grand-mother	<input type="checkbox"/> Deceased Fukuko Tsukuba	1956/5/2	<input type="checkbox"/> Same <input checked="" type="checkbox"/> Separate Same as above	<input type="checkbox"/> working <input type="checkbox"/> ill <input checked="" type="checkbox"/> unemployed <input type="checkbox"/> other
Maternal side	Grand-father	<input type="checkbox"/> Deceased / /	/ /	Grandparents living with the child, who are born after April 1, 1958, are required to submit documentation to prove that they cannot look after the child during day.	<input type="checkbox"/> working <input type="checkbox"/> ill <input type="checkbox"/> unemployed <input type="checkbox"/> other
	Grand-mother	<input type="checkbox"/> Deceased Yoko Chiba	1958/3/2	<input checked="" type="checkbox"/> Separate 123 XX Nagareyama, Chiba	<input type="checkbox"/> working <input checked="" type="checkbox"/> ill <input checked="" type="checkbox"/> unemployed <input type="checkbox"/> other

I would like to apply for enrollment of educational facilities and/

Please spell out correct names and do not shorten them, because some daycare centers have similar names.
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 you wish to enroll your child	First choice	xxxxx Daycare Cent		<input checked="" type="checkbox"/> Yes	
	Second choice	YYYYYYYYYY Nursery	applicable if the sibling already left the facility.	<input checked="" type="checkbox"/> NO <input type="checkbox"/> Yes	
	Third choice	ZZZ Nursery School	Does the child have sibling(s) in this facility? N.B. Not applicable if the sibling already left the facility.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
	Would you like to be notified, if facilities other than above become available? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Only for the first month of the desired period)				
Desired period of enrollment	From (yyyy/mm/dd) 2024/4/1		till 2028/3/31	Desired day of week	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" 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 checked="" 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"/> 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, Approval of Eligibility to Apply for a Daycare Center (*shikyū 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:

Taro Tsukuba

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		