Application form for certification of education･childcare benefits on institutional benefits and regional childcare benefits, etc. and for using nursery and others

施設型給付費・地域型保育給付費等 教育・保育給付認定申請書兼保育所等利用申込書

Mayer of Anjo City

I will apply as follows. For office procedure related to the application matters, regarding guardians and the same household members, I consent to the confirmation of assessment and collection data of municipal tax, welfare-related information and personal information in the Basic Resident Register and others. I agree to present user fees determined based on that information, and the contents of this application form and the attached documents to the specific educational and childcare facilities.

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| **※Please fill in only inside the bold line.** | | | | | | | | | | | | | | | | | | | | Application Date | | | | year　 　month　　 　day | | | | | | |
| Application Contents | | | □certification of education･childcare benefits on institutional benefits and regional childcare benefits, etc.（□１*Gou*　□ 2 *Gou*　□ 3 *Gou*）  □using childcare facilities, etc. and provision of school lunch | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *Furigana* | | | | | | |  | | | | | | | Phone number | | | | | Home　　　（　　　）　　　－  Mobile phone　father（　　　）　　　－  mother（　　　）　 　－ | | | | | | | | | | |
| Name | | | | | | |  | | | | | | |
| Address  Applicant(Guardian) | | | | | | | ※If you live outside Anjo city at the time of application, pleases fill in your current address below. | | | | | | | | | | | | | | | | | | | | | | |
| Please fill in only if you are moveng in from outside the city. | | | | | | Current address | | | | 〒　　－ | | | | | | | | | | | | | | | | Scheduled date of move to Anjo | | | month　 　day |
| Applicant(Child) | *Furigana* | | |  | | | | | | | | | Relationship | Date of Birth | | | | | Age | | | | | | | Gender | | Current childcare Situation | | |
| Name | | |  | | | | | | | | | child | / /  year　 month day | | | | | year-old | | | | | | | Male  ・Female | | □Parent(s) | □Grandparent(s) | |
| （Age as of April 1, 2025） | | | | | | | □Nursery school, etc.（　　　 　） | | |
| Address  ※fill in only if the applicant is a juridical person | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Allergy | | | | | □No □Yes（　　　　　　　　　　　 ） | | | | | | | | | | | Preschool siblings’ situation | | | | | □Simultaneous application □Nursery, etc.(　　　 )  □Kindergarten（　　　　 ）□at home  □Others（　　　　　　　　　　　　　　　　 ） | | | | | | | | |
| Health　Condition | | | | | □Healthy　□Desease（　　　　 　　　）  □Others（　 　　　　　　　　 　　　） | | | | | | | | | | |
| Application period | | | | | | | | | | from　 　 year 　 　 month 　 day　 □ up to preschool □ to　 　year 　 month day | | | | | | | | | | | | | | | | | | | | |
| Desired time of use | | | | | | | | | | Weekday / from　 　　: 　to　 　 : Saturday / from : to : | | | | | | | | | | | | | | | | | | | | |
| The reason you need childcare at times other than 8:15 am to 4:15 pm. | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Receiving of allowance, etc. | | | | | | | | | | □No　□Welfare　□Orphan’s allowance of Anjo city（including those who are suspended from orphan’s allowance）  □Disability certificate（ Name of holder：　　　　　　　 　 　　） | | | | | | | | | | | | | | | | | | | | |
| Household Composition（It’s not necessary to fill in the above child.） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship | *Furigana*  Name | | | | | | | | | | | Age as of April 1, 2025 | | | | | | | | | | | Living together or apart | | Upbringing obligation | | Work Place・School, etc. | | | |
| Date of Birth | | | | | | | | | | Age |
| Father |  | | | | | | | | | | | year　　　　month　　　　day | | | | | | | | | | year-old | together  apart | |  | |  | | | |
|  | | | | | | | | | | |
| Need for childcare □Yes □No | | | | | | | | | The reason you required childcare □work □pregnancy・childbirth □disease・disability □nursing □disaster recovery □school attendance　□job search □childcare leave　□others | | | | | | | | | | | | | | | | | | | | | |
| Mother |  | | | | | | | | | | | year　　　　month　　　　day | | | | | | | | | | year-old | together  apart | |  | |  | | | |
|  | | | | | | | | | | |
| Need for childcare □Yes □No | | | | | | | | | The reason you required childcare □work　□pregnancy・childbirth □disease・disability □nursing □disaster recovery □school attendance　□job search □childcare leave　□others | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | year　　　　month　　　　day | | | | | | | | | | year-old | together  apart | | Yes  No | |  | | | |
|  | | | | | | | | | | |
|  |  | | | | | | | | | | | year　　　　month　　　　day | | | | | | | | | | year-old | together  apart | | Yes  No | |  | | | |
|  | | | | | | | | | | |
|  |  | | | | | | | | | | | year　　　　month　　　　day | | | | | | | | | | year-old | together  apart | | Yes  No | |  | | | |
|  | | | | | | | | | | |
|  |  | | | | | | | | | | | year　　　　month　　　　day | | | | | | | | | | year-old | together  apart | | Yes  No | |  | | | |
|  | | | | | | | | | | |
| (1) Did you have any overseas income between 2023 and 2024 ? | | | | | | | | | | | | | | | | Father：□No □Yes　 year　 month ～　 　year　　month (country: 　 　　 ) | | | | | | | | | | | | | | |
| Mother：□No □Yes　 year　 month ～　 　year　　month (country: 　　 　 ) | | | | | | | | | | | | | | |
| (2) | | Address as of January 1, 2024 | | | | | | | | | | | | | | Father：□ in Anjo City □outside Anjo City (　　　　　　　　　　　City) | | | | | | | | | | | | | | |
| Mother：□ in Anjo City □outside Anjo City 　(　　　　 　　 　　　　City) | | | | | | | | | | | | | | |
| (3) | | Address as of January 1, 2025 | | | | | | | | | | | | | | Father：□ in Anjo City □outside Anjo City (　　　　　　　　　　　City) | | | | | | | | | | | | | | |
| Mother：□ in Anjo City □outside Anjo City ( 　　　　　 　　　　　City) | | | | | | | | | | | | | | |
| Parents’ address Fill in only if living separately | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grandparents’ situation  Fill in only if living separately | | | | | Paternal | | | | address：　　　　　 　 □bereavement | | | | | | | | | Maternal | | | address：　　　　　　　　　　　　 　□bereavement | | | | | | | | | |
| ※If applicable, please also fill in the back side. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 世帯認定　※ Please fill in only if you live with grandparent(s). | | | | | | | | | |
| Form of house | | * A detached house　□　Two detached houses　□　Apartment　□　Others（　　　　　　　　　　　） | | | | | | | |
| 利用調整関係 | | | | | | 保育料関係 | | | |
| Front door | | | * share　□　separate | | | Electricity charges | | □　joint　　　□　separate | |
| Kitchen | | | * share　□　separate | | | Gas charges | | □joint　□separate □non-use | |
| Toilet | | | □　share　□　separate | | | Water charges | | □　joint　　　□　separate | |
| The nursery schools you wish to enter　※ Please confirm the childcare age and opening hours in advance, and fill in the names of the nursery school. | | | | | | | | | |
| 1st choice | visit  　　not yet ・finished | | | 2nd choice | visit  　　　　　not yet ・finished | | 3rd choice | | visit  　　　　　 　not yet ・finished |
| 4th choice |  | | | 5th choice |  | | 6th choice | |  |
| 7th choice |  | | | 8th choice |  | | 9th choice | |  |
| If you have 10th choice or more, please fill in below. The number is unlimited, but please state your preferred ranking. | | | | | | | | | |
| Admission request for siblings　※Please fill in only siblings apply at the same time. | | | | | | | | | |
| □　Siblings enter nursery school only if they can enroll in the same nursery school in the same month.　　 …①同保同時 | | | | | | | | | |
| □　If siblings can enter nursery schools in the same month, they will enroll even if the nursery schools are different. | | | | | | | | | |
| □　If siblings can enter the same nursery by lowering desired order, priority will be given to the same nursery school. …②別保同時（同） | | | | | | | | | |
| □　Since siblings can enter nursery schools separately, priority is given to the desired order. 　　 …③別保同時（希） | | | | | | | | | |
| □　Even one of the siblings can enter nursery school. (Siblings want only the same nursery) | | | | | | | | | |
| * If siblings can enter the same nursery by lowering desired order, priority will be given to the same nursery school. …④同保順次（同） | | | | | | | | | |
| □　Even one of the siblings can enter nursery school. | | | | | | | | | |
| □　Prioritize a child who can enter nursery school with the highest desired order.　 …⑤同保順次（希） | | | | | | | | | |
| □ Prioritize entering nursery school from the older child.　　　 　 …⑥同保順次（上） | | | | | | | | | |
| □　Prioritize entering nursery school from the younger child.　 …⑦同保順次（下） | | | | | | | | | |
| □　Even one of the siblings can enter nursery school. (Siblings can enroll even if the nursery schools are different.) | | | | | | | | | |
| □　If siblings can enter the same nursery by lowering desired order, priority will be given to the same nursery school. …⑧別保順次（同） | | | | | | | | | |
| □ Since siblings can enter nursery schools separately, priority is given to the desired order. 　　 …⑨別保順次（希） | | | | | | | | | |
| If your child is unable to enroll | | | | | | | | | |
| * Extend childcare leave（Certification of No Admission： need ・ not needed ）　□　Take the child to work　（Nursery：The company has ・ doesn’t have） * Nurtured by family　□ Leave the child at another childcare facility（ undecided ・ kindergarten ・ unlicensed nursery ・ Others（Name：　　　　 　　） * Others（　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　）   Does your child wish to enter nursery school after the following month?（　Yes　・　No　） | | | | | | | | | |

――――――――――――――――― **No need to fill in the following.** ――――――――――――――――

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| １　施設記載欄（園名：　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 受付年月日 | | | | | | 令和　　年　　　月　　　日 | | | | | | | | | | 担当者 | | | | 氏名　　　　連絡先　　－ | | | | | | | | | | | | |
| 入所契約（内定）の有無 | | | | | | | | 有（　　　　年　　　　　月　　　　　日　契約・内定　）　・　無 | | | | | | | | | | | | | | | | | | | | | | | | |
| 入園日（予定日） | | | | | | | | 令和　　　　年　　　　　月　　　　　日 | | | | | | | | | | | | | | | | | | | | | | | | |
| 備考 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| ２　安城市記載欄 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 受付年月日 | | | | | 令和　　　年　　　　月　　　　日 | | | | | | | | | | | | 認定日 | | | | | | 令和　　　年　　　　月　　　　日 | | | | | | | | |
| 認定区分 | | | □１号　□２号　□３号 | | | | | | | | | □休日保育 | | | | | | | | | | | | 保育必要量 | | | * 標準時間　□　短時間 | | | | |
| 認定事由 | 父 | | | □就労（外勤・内職・自営）□求職活動　□育児休業  □妊娠出産　□疾病　□障害　□介護看護　□就学  □虐待・ＤＶ　□災害　□不在　□特例 | | | | | | | | | | | | | | | | 母 | | □就労（外勤・内職・自営）　□求職活動　□育児休業  □妊娠出産　□疾病　□障害　□介護看護　□就学  □虐待・ＤＶ　□災害　□不在　□特例 | | | | | | | | | |
| 支給期間 | | | | | 令和　　　年　　　　月　　　　日　　から　令和　　　年　　　　月　　　　日まで | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 利用希望期間 | | | | | 令和　　　年　　　　月　　　　日　　から　令和　　　年　　　　月　　　　日まで | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 優先順位 | | | | | □ひとり親家庭状況申告書・同居なし　□ひとり親家庭状況申告書・同居あり　□ＤＶ　□障害手帳 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 利用調整指数 | | | | | 父　□添付書類 | | | | 母　□添付書類 | | | | | 調整指数 | | | | | | | | | | | | | | | | | 計 |
|  | 点 | | |  | | 点 | | |  | |  | |  | | | |  | |  |  |  | |  | | 点 | 点 |
| 世帯認定 | | | | | 利用  調整 | | | □ 同一世帯（１つ以上共同のとき。）  □ 別世帯　（全て別のとき。） | | | | | | | | | | | | | 保育料 | | | □ 同一世帯（２つ以上共同のとき。）  □ 別世帯（共同が１つ以下のとき。） | | | | | | | |
| 確認 | | □子ども　□母子手帳  確認者（　　　　　） | | | | | | | | 言語対応 | | | 使用言語（　　　　　　　）  日常会話　□可　□不可　読み書き　□可　□不可  ※保護者が外国人の場合のみ | | | | | | | | | | | | | | | | 受付者 |  | |
| 備考  児童宛名Ｃ： | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |