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 |  |
| AddressApplicant(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 | togetherapart |  |  |
|  |
| 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 | togetherapart |  |  |
|  |
| 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 | togetherapart | YesNo |  |
|  |
|  |  | year　　　　month　　　　day　　 | year-old | togetherapart | YesNo |  |
|  |
|  |  | year　　　　month　　　　day　　 | year-old | togetherapart | YesNo |  |
|  |
|  |  | year　　　　month　　　　day　　 | year-old | togetherapart | YesNo |  |
|  |
| (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’ situationFill 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： |  |