

# 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.

※Please fill in only inside the bold line.

		Application Date		year		month		day													
Application Contents		<input type="checkbox"/> certification of education·childcare benefits on institutional benefits and regional childcare benefits, etc. ( <input type="checkbox"/> 1 Gou <input type="checkbox"/> 2 Gou <input type="checkbox"/> 3 Gou) <input type="checkbox"/> using childcare facilities, etc. and provision of school lunch																			
Applicant(Guardian)	Furigana		Name		Phone number		Home ( ) -		Mobile phone father ( ) -		mother ( ) -										
	Address		※If you live outside Anjo city at the time of application, please fill in your current address below.																		
	Please fill in only if you are moving in from outside the city.		Current address		〒 -		Scheduled date of move to Anjo		month		day										
Applicant(Child)	Furigana		Name		Relationship	Date of Birth		Age		Gender	Current childcare Situation										
	Address		child	/ /		year-old		Male	<input type="checkbox"/> Parent(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Nursery school, etc. ( )												
	Allergy		<input type="checkbox"/> No <input type="checkbox"/> Yes ( )	Preschool siblings' situation	<input type="checkbox"/> Simultaneous application <input type="checkbox"/> Nursery, etc. ( ) <input type="checkbox"/> Kindergarten ( ) <input type="checkbox"/> at home <input type="checkbox"/> Others ( )																
	Health Condition		<input type="checkbox"/> Healthy <input type="checkbox"/> Disease ( ) <input type="checkbox"/> Others ( )																		
Application period		from		year		month		day		<input type="checkbox"/> up to preschool <input type="checkbox"/> 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.		<input type="checkbox"/> No <input type="checkbox"/> Welfare <input type="checkbox"/> Orphan's allowance of Anjo city (including those who are suspended from orphan's allowance) <input type="checkbox"/> Disability certificate ( Name of holder : )																			
<b>Household Composition (It's not necessary to fill in the above child.)</b>																					
Relationship	Furigana Name		Date of Birth		Age as of April 1, 2024		Age	Living together or apart	Upbringing obligation	Work Place · School, etc.											
	Father			year		month		day		year-old	together	apart									
Need for childcare		<input type="checkbox"/> Yes <input type="checkbox"/> No	The reason you required childcare		<input type="checkbox"/> work <input type="checkbox"/> pregnancy·childbirth <input type="checkbox"/> disease·disability <input type="checkbox"/> nursing <input type="checkbox"/> disaster recovery <input type="checkbox"/> school attendance <input type="checkbox"/> job search <input type="checkbox"/> others																
Mother			year		month		day		year-old	together	apart										
	Need for childcare		<input type="checkbox"/> Yes <input type="checkbox"/> No	The reason you required childcare		<input type="checkbox"/> work <input type="checkbox"/> pregnancy·childbirth <input type="checkbox"/> disease·disability <input type="checkbox"/> nursing <input type="checkbox"/> disaster recovery <input type="checkbox"/> school attendance <input type="checkbox"/> job search <input type="checkbox"/> others															
				year		month		day		year-old	together	apart	Yes								
				year		month		day		year-old	together	apart	No								
				year		month		day		year-old	together	apart	Yes								
				year		month		day		year-old	together	apart	No								
				year		month		day		year-old	together	apart	Yes								
				year		month		day		year-old	together	apart	No								
(1) Did you have any overseas income between 2022 and 2023 ?		Father :		<input type="checkbox"/> No <input type="checkbox"/> Yes	year		month		~		year		month (country: )								
		Mother :		<input type="checkbox"/> No <input type="checkbox"/> Yes	year		month		~		year		month (country: )								
(2) Address as of January 1, 2023		Father :		<input type="checkbox"/> in Anjo City <input type="checkbox"/> outside Anjo City	( )		( )		( )		( )		( )								
		Mother :		<input type="checkbox"/> in Anjo City <input type="checkbox"/> outside Anjo City	( )		( )		( )		( )		( )								
(3) Address as of January 1, 2024		Father :		<input type="checkbox"/> in Anjo City <input type="checkbox"/> outside Anjo City	( )		( )		( )		( )		( )								
		Mother :		<input type="checkbox"/> in Anjo City <input type="checkbox"/> outside Anjo City	( )		( )		( )		( )		( )								
Parents' address Fill in only if living separately																					
Grandparents' situation Fill in only if living separately		Paternal	address :		<input type="checkbox"/> bereavement	Maternal	address :		<input type="checkbox"/> bereavement												

※If applicable, please also fill in the back side.

世帯認定 ※ Please fill in only if you live with grandparent(s).

Form of house	<input type="checkbox"/> A detached house <input type="checkbox"/> Two detached houses <input type="checkbox"/> Apartment <input type="checkbox"/> Others ( )				
利用調整関係			保育料関係		
Front door	<input type="checkbox"/> share	<input type="checkbox"/> separate	Electricity charges	<input type="checkbox"/> joint	<input type="checkbox"/> separate
Kitchen	<input type="checkbox"/> share	<input type="checkbox"/> separate	Gas charges	<input type="checkbox"/> joint	<input type="checkbox"/> separate <input type="checkbox"/> non-use
Toilet	<input type="checkbox"/> share	<input type="checkbox"/> separate	Water charges	<input type="checkbox"/> joint	<input type="checkbox"/> separate
<b>The nursery schools you wish to enter</b> ※ Please confirm the childcare age and opening hours in advance, and fill in the names of the nursery school.					
<input type="checkbox"/> There is no intention to enter nursery school, this is an application to obtain a "Certification of No Admission" ※ If you check the box, you will be excluded from the admission.					
1 <sup>st</sup> choice	visit not yet · finished		2 <sup>nd</sup> choice	visit not yet · finished	
4 <sup>th</sup> choice			5 <sup>th</sup> choice		
7 <sup>th</sup> choice			8 <sup>th</sup> choice		
3 <sup>rd</sup> choice			6 <sup>th</sup> choice		
If you have 10 <sup>th</sup> 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.

<input type="checkbox"/>	Siblings enter nursery school only if they can enroll in the same nursery school in the same month.	…①同保同時
<input type="checkbox"/>	If siblings can enter nursery schools in the same month, they will enroll even if the nursery schools are different.	
<input type="checkbox"/>	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)
<input type="checkbox"/>	Since siblings can enter nursery schools separately, priority is given to the desired order.	…③別保同時 (希)
<input type="checkbox"/>	Even one of the siblings can enter nursery school. (Siblings want only the same nursery)	
<input type="checkbox"/>	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)
<input type="checkbox"/>	Even one of the siblings can enter nursery school.	
<input type="checkbox"/>	Prioritize a child who can enter nursery school with the highest desired order.	…⑤同保順次 (希)
<input type="checkbox"/>	Prioritize entering nursery school from the older child.	…⑥同保順次 (上)
<input type="checkbox"/>	Prioritize entering nursery school from the younger child.	…⑦同保順次 (下)
<input type="checkbox"/>	Even one of the siblings can enter nursery school. (Siblings can enroll even if the nursery schools are different.)	
<input type="checkbox"/>	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)
<input type="checkbox"/>	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**

<input type="checkbox"/>	Extend childcare leave (Certification of No Admission : need · not needed )	<input type="checkbox"/>	Take the child to work (Nursery : The company has · doesn't have)
<input type="checkbox"/>	Nurtured by family	<input type="checkbox"/>	Leave the child at another childcare facility ( undecided · kindergarten · unlicensed nursery · Others (Name : ) )
<input type="checkbox"/>	Others ( )		

Does your child wish to enter nursery school after the following month? ( Yes · No )

I confirmed the contents of the attached "Confirmation Check Sheet".

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

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	<input type="checkbox"/> 1号 <input type="checkbox"/> 2号 <input type="checkbox"/> 3号	<input type="checkbox"/> 休日保育	<input type="checkbox"/> 不可証明
認定事由	父 <input type="checkbox"/> 就労 (外勤・内職・自営) <input type="checkbox"/> 求職活動 <input type="checkbox"/> 妊娠出産 <input type="checkbox"/> 疾病 <input type="checkbox"/> 障害 <input type="checkbox"/> 介護看護 <input type="checkbox"/> 就学 <input type="checkbox"/> 虐待・DV <input type="checkbox"/> 災害 <input type="checkbox"/> 不在 <input type="checkbox"/> 特例	母 <input type="checkbox"/> 就労 (外勤・内職・自営) <input type="checkbox"/> 求職活動 <input type="checkbox"/> 妊娠出産 <input type="checkbox"/> 疾病 <input type="checkbox"/> 障害 <input type="checkbox"/> 介護看護 <input type="checkbox"/> 就学 <input type="checkbox"/> 虐待・DV <input type="checkbox"/> 災害 <input type="checkbox"/> 不在 <input type="checkbox"/> 特例	保育必要量
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	<input type="checkbox"/> ひとり親家庭状況申告書・同居なし <input type="checkbox"/> ひとり親家庭状況申告書・同居あり <input type="checkbox"/> DV <input type="checkbox"/> 障害手帳		
利用調整指数	父 <input type="checkbox"/> 添付書類	母 <input type="checkbox"/> 添付書類	調整指数
	点	点	点
世帯認定	利用調整 <input type="checkbox"/> 同一世帯 (1つ以上共同のとき。) <input type="checkbox"/> 別世帯 (全て別のとき。)	保育料	<input type="checkbox"/> 同一世帯 (2つ以上共同のとき。) <input type="checkbox"/> 別世帯 (共同が1つ以下のとき。)
確認	<input type="checkbox"/> 子ども確認者 ( )	言語対応	使用言語 ( ) 日常会話 <input type="checkbox"/> 可 <input type="checkbox"/> 不可   読み書き <input type="checkbox"/> 可 <input type="checkbox"/> 不可 ※保護者が外国人の場合のみ
備考			

児童宛名 C :