

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		Phone number		Home () -		
	Name		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		Relationship	Date of Birth	Age	Gender	
	Name		child	/ / year month day	year-old (Age as of April 1, 2025)	Male Female	
	Address ※fill in only if the applicant is a juridical person		Current childcare Situation <input type="checkbox"/> Parent(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Nursery school, etc. ()				
	Allergy		Preschool siblings' situation		<input type="checkbox"/> No <input type="checkbox"/> Yes () <input type="checkbox"/> Simultaneous application <input type="checkbox"/> Nursery, etc. () <input type="checkbox"/> Healthy <input type="checkbox"/> Disease () <input type="checkbox"/> Others () <input type="checkbox"/> Kindergarten () <input type="checkbox"/> at home <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 :)					
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.	
Father		Date of Birth	Age	together apart	/		
		year month day	year-old				
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"/> childcare leave <input type="checkbox"/> others					
Mother				together apart	/		
		year month day	year-old				
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"/> childcare leave <input type="checkbox"/> others					
				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				
(1) Did you have any overseas income between 2023 and 2024 ?		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, 2024		Father : <input type="checkbox"/> in Anjo City <input type="checkbox"/> outside Anjo City (City) Mother : <input type="checkbox"/> in Anjo City <input type="checkbox"/> outside Anjo City (City)					
(3) Address as of January 1, 2025		Father : <input type="checkbox"/> in Anjo City <input type="checkbox"/> outside Anjo City (City) Mother : <input type="checkbox"/> in Anjo City <input type="checkbox"/> outside Anjo City (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

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.

1 st choice	visit not yet · finished	2 nd choice	visit not yet · finished	3 rd choice	visit not yet · finished
4 th choice		5 th choice		6 th choice	
7 th choice		8 th choice		9 th 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.

<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)

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	保育必要量 <input type="checkbox"/> 標準時間 <input type="checkbox"/> 短時間
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"/> 育児休業 <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"/> 育児休業 <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	
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 (<input type="checkbox"/> 母子手帳)	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			受付者

児童宛名 C :