Representative Guardian Address	₸
Representative Guardian Name	

You must submit this form. Please put it on top of all of your other forms and documents when submitting.

## 児童氏名 Child Name 1st Choice Childcare Facility Child Date of Birth . .

Application for Use of Childcare Facility CHECKLIST (Type 2, 3 Authorization)

		Form names, etc.	Guard	ian Ched	cklist	市記入村	<b>闌</b> For C	ity Use	
	Application for								
	Education/Childea	are Benefits Authorization Application (Official Form 1)							
	Application Form for Use of Childcare Facility (Official Form 13-2)								
Forn	A copy of a document to confirm your My Number (My Number card, etc.)%Please paste on separate page for My Number and <i>Zairyuu</i> cards								
ıs/doc	Forms/document home (each gu	Father	Mother	Not applicable	父	母	該当なし		
umen	Work (Employee)	Shuurou Shoumei-sho (Certificate of Employment, 就労証明書)							
ts tha	Work (Self- employed)	Certificate of Employment + document to confirm your work situation							
t all a	Pregnancy/ Childbirth	Copy of <i>Boshi Techou</i> (Mother and Child Health Record Book)							
pplica	Illness/ Disability (guardian's)	Copy of shindansho (medical certificate) and *Shintai Shougaisha Techou/Ryouiku Techou (Physical Disability Certificate/Special Education Certificate) *(if you have one)							
Forms/documents that all applicants must submit	Nursing/ caregiving for someone else in home, etc.	Copy of medical certificate and *Physical Disability Certificate/Special Education Certificate *(only if you have one)							
ust sul	Job Hunting	Kyuushoku Katsudou Moushitate-sho (Job Hunting Declaration, 求職活動申立書)							
mit	Schoo I	Documents to verify enrollment period, monthly class hours ( <i>Zaigaku Shoumei</i> (Proof of Enrollment, 在学証明), timetable, etc.)							
	Guardian's Maternity	Documents to verify time on childcare leave and <i>Ikuji Kyuugyou Joukyou-todoke</i> (Childcare Leave Notice, 育児休業状 沢屈)(in accordance with the Act on Childcare Leave/Caregiver Leave and Local Public Service Law)	on childcare leave and <i>Iku,ji</i> (Childcare Leave Notice, 育児休業状 the Act on Childcare						
	Leave	Moushitate-sho (Declaration, 申立書) (in situations other than those listed above)							
Forms for a	Copies of Zairyuu (Residence) Card for all members of household (both sides)  **Please paste on separate page for My Number and Zairyuu cards								
	Tashisetai-todoke (Multiple child household notification, 多子世帯届)								
applicable only	the Collection	d Power of Attorney for Payment of Benefits Related to of Additional Food Expenses by Specified ildcare Facilities (副食費の特定教育・保育施設による徴収に請書兼委任状)	ecified ・保育施設による徴収に						
individua	Shisetsu-tou Zaiseki Shoumei-shou (施設等在籍証明書) or Shisetsu-tou Zaiseki Joukyou Moushitate-sho (施設等在籍状況申立書)								
iduals									

Missions in your Certificate of Employment and/or other required documents may impact the points on your application for "need for childcare."

<sup>\*</sup> If information in your application documents is found to be untrue, authorization of educational/childcare benefits and decisions regarding enrollment in childcare facilities may be revoked.

\*\*Continued on Reverse\*\*

No.	Items to confirm for your application	Guardian Confirmation			
•	I have visited and/or spoken with staff at my preferred childcare facilities, and have received explanations about and understand educational/childcare principles, operating hours, actual expenses, etc., at each facility.  Circle O Yes or No if you have a preferred facility (e.g., if you have 3 preferred facilities, circle "Yes" for choices 1-3), and write the date (YY/MM/DD) you received an explanation about that facility.  **The city may inquire with facilities directly about information you include in the confirmation section to the right.	□Yes □No  【Preferred facility】 【Date explanation received】  1st Choice: Yes 年月日  2nd Choice: Yes・No 年月日  3rd Choice: Yes・No 年月日  4th Choice: Yes・No 年月日  5th Choice: Yes・No 年月日  ※If you have 6 or more preferred facilities, please include the date you received an explanation about that facility on the form in which you listed that facility.			
2	I have confirmed the ages accepted at all of my preferred facilities (this info is available on the city website's Nursery Division (保育課) page, or you can contact each facility directly).	□Confirmed			
3	I have confirmed there are no omissions or mistakes in my Certificate of Employment or other documents. □Confirmed				
4	I have completed forms such as the Application Form for Use of Childcare Facilities truthfully and accurately.				
6	This is an honest application for enrolling in childcare services, and I am not applying for the sole purpose of receiving a <i>Horyuu-tsuuchi</i> (hold notification).	☐ I am not applying to receive a hold notification			
6	If you are applying for siblings at the same time, please select an option A-E (or no preference) as described on pg. 19 of the Preschool Admissions Guide (入園のご案内). ※Please confirm you have picked the same preference for all siblings applying at this time	$A: \square$ $B: \square$ $C: \square$ $D: \square$ $E: \square$ No preference: $\square$ Only applying for one child at this time: $\square$			
Ø	Are you applying to change childcare facilities? *If your application to change facilities is successful, your child will no longer be able to attend their current facility (only if currently enrolled in approved facility).	□Yes □No 【Name of current facility:			
8	For those who responded "Yes" to ⑦: Have you informed the child's current facility of your intentions? ※if you have not informed the facility yet, please do so as soon as possible.	☐ I've informed the child's current preschool/childcare facility			
9	Are you applying for <i>Tokubetsu Shien Hoiku</i> (Special Needs Childcare,特別支援保育) ※If "Yes," <u>all</u> of your desired facilities must be designated for special needs care (see pg. 37 of the Preschool Admissions Guide)	□Yes □No			
19	Are you or the child's other guardian currently pregnant?  **After your child's enrollment, you may be asked to submit employment records.	☐Yes ☐No 【Est. delivery date: / / 】			

Once you have confirmed all of the above, please write your name (in print) below:

			Represent	ative Guardian Name:			
Date Completed	Reiwa	/	/	TEL	_	_	