14:									
	豊橋市長 The Mayor	様 of Toyohashi			年Year	月 Month	日日	Day	
			氏名	Name:					
I hereby declare the status of my household as follows. If the information I have provided differs from the reality of my situation, I will not object to the potential cancellation of my educational/childcare benefits authorization.									
Child Name and Date of Birth			•	<u> </u>	,		YYY	MM	DD
Child Name and Date of Birth						Y	YYY	MM	DD
Facility Name								oikuen .omo-e	n
H o u s e h o l d	Birth: child:  ☐ I am c  I woul  ☐ .	n childcare. currently working or plant of the child above of the company Name TEL Work Hours From Work Days/Month	wever, I will work anning to work, bu enrolled in childca : 日/月	from (  ut I can't provid  are and will prov  Exp  to :	year m  le proof becaus  vide proof as so  bected Salary:	on as possible. ¥ ( hours	/m min	enroll of enroll	
C h i l d l n f o	※新規申	請児童については記	l入不要 1	Not required for c	hildren for whom	you are applyinį	g for the	first time	:
管理者の意見*	*Supervisor	's opinion 以上証明します。 I Certify the Above.	•	事業者)名 Fa 者 Supervisor	icility Name:				

I Wilf you are unable to submit necessary documents by the submission deadline but submit this petition, please submit those necessary documents by the end of the month in which the submission deadline fell.