

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.

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

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

Form names, etc.		Guardian Checklist			市記入欄 For City Use		
Forms/documents that all applicants must submit	Application for Use of Childcare Facility Checklist (this form)	<input type="checkbox"/>			<input type="checkbox"/>		
	Education/Childcare Benefits Authorization Application (Official Form 1)	<input type="checkbox"/>			<input type="checkbox"/>		
	Application Form for Use of Childcare Facility (Official Form 13-2)	<input type="checkbox"/>			<input type="checkbox"/>		
	A copy of a document to confirm your My Number (My Number card, etc.) ※Please paste on separate page for My Number and Zairyuu cards	<input type="checkbox"/>			<input type="checkbox"/>		
	<b>Forms/documents to prove your inability to take care of child at home (each guardian will check one, varies depending on reason)</b>	<b>Father</b>	<b>Mother</b>	<b>Not applicable</b>	<b>父</b>	<b>母</b>	<b>該当なし</b>
	<b>Work (Employee)</b> <i>Shuurou Shoumei-sho</i> (Certificate of Employment, 就労証明書)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Work (Self-employed)</b> Certificate of Employment + document to confirm your work situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Pregnancy/Childbirth</b> Copy of <i>Boshi Techou</i> (Mother and Child Health Record Book)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Illness/Disability (guardian's)</b> Copy of <i>shindansho</i> (medical certificate) and * <i>Shintai Shougaisha Techou/Ryouiku Techou</i> (Physical Disability Certificate/Special Education Certificate) *(if you have one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Nursing/caregiving for someone else in home, etc.</b> Copy of medical certificate and *Physical Disability Certificate/Special Education Certificate *(only if you have one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Job Hunting</b> <i>Kyuushoku Katsudou Moushitate-sho</i> (Job Hunting Declaration, 求職活動申立書)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>School</b> Documents to verify enrollment period, monthly class hours ( <i>Zaigaku Shoumei</i> (Proof of Enrollment, 在学証明), timetable, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Guardian's Maternity Leave</b>	Documents to verify time on childcare leave and <i>Ikuji Kyuugyou Joukyou-todoke</i> (Childcare Leave Notice, 育児休業状況届) (in accordance with the Act on Childcare Leave/Caregiver Leave and Local Public Service Law)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<i>Moushitate-sho</i> (Declaration, 申立書) (in situations other than those listed above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Forms for applicable individuals only	Copies of <i>Zairyuu</i> (Residence) Card for all members of household (both sides) ※Please paste on separate page for My Number and Zairyuu cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<i>Tashisetai-todoke</i> (Multiple child household notification, 多子世帯届)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Application and Power of Attorney for Payment of Benefits Related to the Collection of Additional Food Expenses by Specified Educational/Childcare Facilities (副食費の特定教育・保育施設による徴収に係る給付費支給申請書兼委任状)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<i>Shisetsu-tou Zaiseki Shoumei-sho</i> (施設等在籍証明書) or <i>Shisetsu-tou Zaiseki Joukyou Moushitate-sho</i> (施設等在籍状況申立書)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<i>Reiwa 7 Tokubetsu Shien Hoiku Jidou Joukyou Chousahyou</i> (Reiwa 7 Special Needs Childcare Child Situation Questionnaire) (for children who will enter childcare for the first time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

※ 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

