

Type 2, 3 Authorization

Current Childcare Facility/1st Choice
Facility Name:

Education/Childcare Benefits Authorization Application

(New) Changes • Reapplication

Authorization Application Details Notification (Changes • Status)

Date: Reiwa 6 / 00 / 00

Please write the name of your 1st

To the Mayor of Toyohashi

Write the date you will submit your application (Year/Month/Day format)

Parent/guardian name: Toyohashi Tiana
(Person who will take the child to school)

I am applying for authorization to use childcare facilities, regarding the payment of tax information.

I agree to provision of information on my family's status and

The guardian who will take the child to/pick the child up from school.
※This guardian should carry with them a Residence card, My Number Card, or other form of official ID.

Child	Name (Furigana)	Toyohashi Tina	Birth	00.00.00	My Number	456789012345	Gender	M <input type="radio"/> F <input checked="" type="radio"/>	with guardian certificate?	Yes <input type="radio"/> No <input checked="" type="radio"/>
	Parent/guardian	Name (Furigana)	Toyohashi Tom	Date of Birth	00.00.00	My Number	987654321098	(TEL #) Mother's cell phone	090 - xxxx - 0000	
Address		Toyohashi-shi Imahashi-chi		Date of Birth also in year/month/day format		Enter a phone number that can be reached during the day, e.g. mother's cell, father's work number, etc.				
Authorization #	Please write if you are all									
Do you wish to receive childcare (※)	Yes <input checked="" type="radio"/> : Due to work, illness, etc., I wish to enroll my child in a preschool/childcare center (type 2/3 Authorization (Ni/San-gou Nintei))									
	No <input type="radio"/> : I wish to enroll my child in kindergarten (Youchien), etc. (Type 1 Authorization (Ichi-gou Nintei))									
Changes made	<input type="checkbox"/> Family status	<input type="checkbox"/> Reason for application	<input type="checkbox"/> Usage hours	<input type="checkbox"/> Other	Reason for change	Reason for		Torn • Lost • Dirtied		

- (※) • "Preschool/childcare center, etc." includes smaller childcare centers, company childcare, home-visit
- "Kindergarten, etc." includes the educational division in certified child centers (Nintei Kodomoen),
- If you answered "yes" to receiving childcare, please fill in items ① - ③ (③ on reverse). If in ① and ② only.

Please write information that will be accurate at the time the child enters childcare.

① Household status (incl. family in the same home, grandparents in the same home registered as a different household, and dependents living in a different home)

	Name	Relationship with child	Date of Birth	Gender	My Number	Workplace/school & grade	Disability certificate?	Note
Members of the (applicant) child's family (excluding the child)	(Furigana) Toyohashi Tom	Father	00.00.00	M <input checked="" type="radio"/> F <input type="radio"/>	987654321098	Yoshida Department Store	Yes <input checked="" type="radio"/> No <input type="radio"/>	same home / different home
	(Furigana) Toyohashi Tiana	Mother	00.00.00	M <input type="radio"/> F <input checked="" type="radio"/>	234567890123	Agricultural Cooperative	Yes <input type="radio"/> No <input checked="" type="radio"/>	same home / different home
	(Furigana) Toyohashi Tim	Older Brother	00.00.00	M <input checked="" type="radio"/> F <input type="radio"/>	345678901234	Toyohashi Elementary, Grade 2	Yes <input type="radio"/> No <input checked="" type="radio"/>	same home / different home
	(Furigana) Toyohashi Tiffany	Younger Sister	00.00.00	M <input type="radio"/> F <input checked="" type="radio"/>	456789012345	No Daycare, Work, etc.	Yes <input type="radio"/> No <input checked="" type="radio"/>	same home / different home
	(Furigana) Toyohashi Theresa	Grand mother	00.00.00	M <input type="radio"/> F <input checked="" type="radio"/>	123456789012	Appliance Shop	Yes <input type="radio"/> No <input checked="" type="radio"/>	same home / different home
	(Furigana) Toyohashi Tristan	Uncle	00.00.00	M <input checked="" type="radio"/> F <input type="radio"/>	678901234567	Unemployed	Yes <input type="radio"/> No <input checked="" type="radio"/>	same home / different home
	(Furigana)				M • F		Yes • No	Same home • different home

※Receiving child support includes receiving aid for medical expenses for single parents (Boshi Fushi Katei-tou Iryouhi Josei)

※Single parents should circle "yes" or "no" if they are receiving child support aid for single

N/A Receiving welfare ()
 Single parent → If yes, *receiving child support? Yes No • Other

Residence as of January 1st, 2024 Toyohashi • Outside of Toyohashi (Address)

※For determining your childcare fees, if we can't confirm your income with your My Number, we may ask you to submit additional documents (Certificate of Taxation (Kazei Shoumei-sho), etc.).

If no restrictions are placed on your child's attendance, you can write the period up until the child enters elementary school.
 ★Examples of Specific Authorization Periods★
 • Pregnancy/childbirth: the end of the month that follows an 8-week period after the delivery date (estimate)

② Desired childcare

Desired period April 1, Reiwa 7 (2025) ~ March 31, Reiwa 10 (2028)

- Section
- Please If you will enter your child(ren) between April and August, 2025: If you didn't live in Toyohashi as of January 1, 2024, your residence tax amount from the city/municipality you lived in at the time will be used to calculate your childcare fees.
- If you will enter your child(ren) in or after September 2025: If you didn't live in Toyohashi as of January 1, 2025, your residence tax amount

③Reason for applying for childcare

※If you wish to apply for childcare at a childcare facility due to work, illness, etc.

Relationship	Reason	
	<input type="checkbox"/> Work <input type="checkbox"/> Illness/disability <input type="checkbox"/> Caretaking <input type="checkbox"/> Disaster recovery <input type="checkbox"/> Job hunting <input type="checkbox"/> School <input type="checkbox"/> Paternity leave <input type="checkbox"/> Other	Workplace (Yoshida Department Store) Commute time: 40 mins Days/month:22 Work hours 8 AM - 5:30 PM , Return to work date (tentative): Details of illness/disability: Physical handicap, Grade 1, because of ○○ Details: My mother, Theresa, is Youkaigo (requires nursing) level 4 Severity of disaster ,etc. : Name of school () hours/week School hours Period Period:
<input type="checkbox"/> Work <input type="checkbox"/> Pregnancy/childbirth <input type="checkbox"/> Illness/disability <input type="checkbox"/> Ca <input type="checkbox"/> Dis <input type="checkbox"/> Jo <input type="checkbox"/> School <input type="checkbox"/> Maternity leave <input type="checkbox"/> Other	Workplace (Toyohashi Agricultural Co-op) Commute time: 20 mins Days/month: 20 Work hours 9 AM - 3:30 PM Birthdate (estimate): February 3, 20 Details of illness/disability: Name of school (Nursing School) Commute time: 30 mins Days/week: 5 days School hours 8:30 AM - 3:30 PM Period: until March 31, 2027 Period: (have younger kids, I want to be able to return to work in August 2025)	★For April 2025 admissions★ Pregnancy/childbirth cannot be used as a reason if est. delivery date is before February 3, 2025, as it is only a valid reason until the end of the month after 8 weeks have passed since the estimated due date.
Days of the week Monday - Friday		Hours 8:00 AM - 4:00 PM
<input type="checkbox"/> Standard <input checked="" type="checkbox"/> Short stay		Hours you need your child to stay, e.g. drop off at 8 AM and pickup at 4 PM

Please complete desired period information for your 1st choice facility (in the event days/hours needed would vary based on the facility)

Please write times that are within the operating hours of the facility. For guardians who work 120+ hours per month, and need childcare service, please select "Short stay" (regular hours) is for guardians who work 64+ hours per month and need childcare for regular hours.

(Note) Operating hours vary by facility.

*FOR CITY ADMINISTRATIVE USE 市記載欄

<p>Please note that if you do not check one of "Standard" or "Short Stay" for Desired Period, your application will be processed as "Short Stay" by default.</p>	
可・否 (否とする理由) <input type="checkbox"/> 施設型 <input type="checkbox"/> 地域型 <input type="checkbox"/> 特例施設型 <input type="checkbox"/> 特例地域型	自 年 月 日 至 年 月 日
入所施設 (事業者) 名	
<input type="checkbox"/> 認定こども園 (<input type="checkbox"/> 連 <input type="checkbox"/> 幼 (<input type="checkbox"/> 幼 <input type="checkbox"/> 保) <input type="checkbox"/> 保 (<input type="checkbox"/> 保 <input type="checkbox"/> 幼) <input type="checkbox"/> 地 (<input type="checkbox"/> 幼 <input type="checkbox"/> 保) <input type="checkbox"/> 幼稚園 <input type="checkbox"/> 保育所 <input type="checkbox"/> 地域型 (<input type="checkbox"/> 小 <input type="checkbox"/> 家 <input type="checkbox"/> 居 <input type="checkbox"/> 事)	
備考	番号確認:個人番号カード・通知カード・住民票の写し等、身元確認:運転免許証・健康保険証・その他 ()

*FOR FACILITY ADMINISTRATIVE USE 施設記載欄 (施設 (事業者) を経由して市に提出する場合)

受付年月日	年 月 日
施設 (事業者) 名	(事業所番号:)
担当者氏名 連絡先	(担当者) (連絡先)
入所契約 (内定) の有無	有 (契約・内定 (年 月 日契約 (内定))) ・ 無
備考	番号確認:個人番号カード・通知カード・住民票の写し等、身元確認:運転免許証・健康保険証・その他 ()