

希望施設変更届

Notification for changing the preferred facilities

豊橋市福祉事務所長 様  
Director of Welfare office of Toyohashi city

Year Month Day

年 月 日

Guardian's Address	Toyohashi-shi							
Furigana								
Guardian's Name (Representative Guardian)								
	Showa・Heisei		Year	Month	Day of Birth			
Contact	(Home)	—	—	(Father)	—	—	(Mother)	—

About using the childcare facilities, I want to change my options as shown below.  
保育施設等の利用について、次のとおり希望施設を変更します。

Category	Name	Age (At April, 1 <sup>st</sup> /26)	Gender
Target Child	Furigana	Years old	M ・ F
		Year Month Day	

Name of the facility of 1 <sup>st</sup> option_ <u>BEFORE changing</u>	
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<u>After change</u>	Name of the facilities	Reason for choose	事業所番号 *市記入欄
1 <sup>st</sup> Option			
2 <sup>nd</sup> Option			
3 <sup>rd</sup> Option			
4 <sup>th</sup> Option			
5 <sup>th</sup> Option			
If you have 6 more options, please check the box on the right, and fill the attached page. ※The format is optional, but is also available on Toyohashi city HP.		<input type="checkbox"/> I have 6 more options of facilities. (There is a 2 <sup>nd</sup> page)	
Reasons for needing childcare		Childcare needing period	From Year Month Day to Year Month Day
Note			

\* This notification is only available for use, for those who already applied once, and couldn't get a vacancy. And wants to change the facilities options.  
Even in the case above, if there is necessary to change the reason for needing childcare (Employment or searching for job), it can't be used.

# Example

設変更届

Notification for changing the preferred facilities

豊橋市福祉事務所長 様  
Director of Welfare office of Toyohashi city

Reiwa Year Month Day

令和 8 年 1 月 1 日

Guardian's address	Toyohashi-chi Imahashi-cho 1 0 0 0 Banchi
Furigana	トヨハシ ティム
Guardian's name (Representative guardian)	<b>Toyohashi Tim</b> Showa・Heisei ○○Year ○○Month ○○Day of birth
Contact	(Home) ○○○○-○○-○○○○ (Father) ○○○-○○○○-○○○○ (Mother) ○○○-○○○○-○○○○

About using the childcare facilities, I want to change my options as shown below.

保育施設等の利用について、次のとおり希望施設を変更します。

Category	Name	Age (At April, 1 <sup>st</sup> /26)	Gender
Target child	Furigana トヨハシ タミー	○ Years old	○ M ・ F
	<b>Toyohashi Tammy</b>	Reiwa○Year ○ Month ○ Day	

Name of the facility of 1 <sup>st</sup> option <u>BEFORE changing</u>	<b>Toyohashi Hoikuen</b>
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<u>After change</u>	Name of the facility	Even if the 1st option won't change, please write in here	事業所番号 *市記入欄
1 <sup>st</sup> Option	<b>Toyohashi Kodomo en</b>	<b>Near to our home</b>	
2 <sup>nd</sup> Option	<b>Imahashi Kodomo en</b>	<b>Near to our workplace</b>	
3 <sup>rd</sup> Option	<b>Toyohashi Hoikuen</b>	<b>Near to our home</b>	
4 <sup>th</sup> Option		Write down the facilities you want to change into	
5 <sup>th</sup> Option			

If you have 6 more options, please check the box on the right, and fill the attached page. ※The format is optional, but is also available on Toyohashi city HP.		<input type="checkbox"/> I have 6 more options of facilities. (There is a 2nd page)	
Reasons for needing childcare	<b>We applied due both parents are working</b>	Childcare needing	From Reiwa <b>8</b> Year <b>4</b> Month <b>1</b> Day To Reiwa <b>9</b> Year <b>3</b> Month <b>31</b> Day
Note	Due the admission age, opening hours, parent's fees may differ on each facility, please check it in advance.		

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