Application for Approval of Education and Childcare Benefits and Application for Admission (Transfer) to a Childcare Facility [Licensed childcare centers, centers for early childhood education and care, other licensed childcare facilities, etc.] * We do not accept applications by fax or email. Dear Mayor of Edogawa Ward. I hereby submit the following application.

Dear Mayor of Edogawa Ward, I hereby submit the following application.

Application date		DD/		IVI	M/		YY	YYY			*If sub	mitted by mail or to a	childcare facility, Please submit the form	m without your Individual Number.				
Address	Edogaw	a-ku			cho	ome			ban		go							
① Nam	ne of par	ent/a	war	diar	1		R	elation-	Date of	Dirth	Λαο	Occupation	*Fill in only if different	from the address above.				
	s and other doo					aren		ship	Date of	DIIIII	Age	Occupation	,	Place of residence on January 1st, 2023				
	igana												Prefecture City/Town/Village	Prefecture City/Town/Village				
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Number ©I accept	t the contents of	the admi	ssion a	uideline	es and a	ylaa				l davcare ben	efits for ch	ildren and admission (t	transfer) to a daycare facility as follows, ale	` ′				
	of child app		0			,	ilv	elation-			T	Occupation /	Category of application for certification	0 1				
- memb	oers living wi n siblings, gra			ina ta	naethei	r. etc		ship	Date of	Birth	Age	Name of facility where you are enrolled	*Only check for the child applying	*Only write in for the child applying				
Furi	igana	apaile		9	9011101	., στο						you are ormened	Group 1 (kindergarten, etc. only)	Nursery school				
3								Child	•	•			Group 2 (over 3 years old)	Centers for Early Childhood Education and Care				
Individual							П						Group 3 (under 3 years old)	*For children applying for certification for the first group, enter the unofficial nursery school.				
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③ Nece	essity of	□Yes							dcare center, etc. where the child is a				means licensed daycare centers (ward and pri), small-scale childcare centers, family-style c					
child	_		service	es at the	e same tir	me as	a kinder	rgarten,	etc.)			centers, and in-home da						
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4) Prefe	erred				Childca to 11 h			(Withi	n the opening h	ours of each	1	*The hours listed on the	e left are the maximum hours that each facility our child is taken care of (childcare hours). The	can accommodate. These hours are not				
hour	's							Within	the opening he	ours of each		to facility, and any time	outside of those hours will be treated as exter or shorter hours, even if your application can be	nded care.				
*Check one of	of the following boxes				to 8 ho	urs)	`					for shorter hours.						
⑤ Reasons for requiring												Status of the mother						
(5) Reasons	s for requiring								ather			*** **						
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(Reverse side) *Application is required for each fiscal year. ☐ Until entering elementary school Term of use From 01/ MM/ YYYY *Please check one of the following boxes. Until the last day of ____MM/___ YYYY Reasons why childcare cannot be provided at ☐ I request licensed nursery schools only home/reason for transferring to another facility Furigana Furigana Name of the child Name of the child who is applying 1 who is applying (2) *Please do not abbreviate the name of the facility you wish to use or the circumstances of childcare services; make sure to write down the full name of the Name of preferred facility. If incorrect information is listed for the facility, it may be deemed invalid *If you have already visited with your child, please indicate the date of the visit. facility First choice First choice MM/ DD Visited on Visited on MM/ DD Second choice Second choice Visited on MM/ DD MM/ DD Visited on Third choice Third choice Visited on MM/ DD Visited on MM/ DD Fourth choice Fourth choice Visited on MM/ DD MM/ DD Fifth choice Fifth choice Visited on MM/ DD Visited on MM/ DD Sixth choice Sixth choice ⇒Please prepare and attach a separate sheet of ⇒Please prepare and attach a separate sheet of paper for your 6th choice and subsequent choices. and onwards paper for your 6th choice and subsequent choices. and onwards _am/is taking care of my child at home. _am/is taking care of my child at home. ☐ Accompanying to the workplace ☐ Accompanying to the workplace ⇒ Childcare center available (Yes/No) ⇒ Childcare center available (Yes/No) Current Current I leave my child with a childcare provider ☐ I leave my child with a childcare provider childcare childcare (Name of childcare provider: (Name of childcare provider: situation situation The child is placed in a licensed childcare facility, certified childcare The child is placed in a licensed childcare facility, certified childcare facility, company-led childcare facility, kindergarten, or other facility facility, company-led childcare facility, kindergarten, or other facility ⇒Facility name ⇒Facility name __YYYY - ___days per week / Hours__ _YYYY - ___days per week / Hours_ ☐ None or Only facilities currently attended Past attendance ☐ None or Only facilities currently attended Past attendance history history [Nursery schools, [Nurserv schools. _MM ____YYYY - __MM____YYYY) _MM ____YYYY - __MM____YYYY) kindergartens, etc.] kindergartens, etc.] If simultaneously applying for two or more children (siblings) *Please check one of the following, out of boxes (1) to (3). ☐ I wish to enroll my children only if I can enroll them during the same period and at the same childcare facility. *Please note that if all siblings are unable to enter the same childcare facility at the same time, it will result in a rejection for all siblings. ② If they can be admitted at the same time, I wish to enroll them, even if they are placed at different childcare facilities. Please select one of the items on the right...

They can be placed in separate childcare facilities, and for each one, I would like for the most highly-preferred childcare facility to be given priority. ☐ I prioritize having my children placed at the same childcare facility, even if the facility ranks lower on the list of preferences. *Please note that if all siblings are unable to enter the same childcare facility at the same time, it will result in a rejection for all siblings. ③ Even if **only one child** can be admitted, I wish for the child to be enrolled. Please circle or write in who will take care of the child(ren) who is/are not admitted. [Childcare provider / Certified childcare centers / Company-led childcare facilities / Child(ren) will come with me to work / Grandparents / Other ()]

[Childcare provider / Certified childcare centers / Company-led childcare facilities / Child(ren) will come with me to work / Grandparents / Other ()]

*If even one child is admitted to the nursery school, he or she will be withdrawn from the preschool if the requirements for employment and other items are not met. Please consider who will take care of the child(ren) who is/are unable to attend nursery school.

• If you are applying for a private facility (first-time) in April, including siblings in the 0-year-old class, and you chose (1) or (2) above

If you are applying for a private facility (first-time) in April, including siblings in the 0-year-old class, and you chose (1) or (2) above. The admission-related decisions for the enrollment into the 0-year-old class for April will be made from the second-time private school. For this reason, during the screening for the first-time private school, we will make selections for children for the 1-year-old class and above without taking into consideration preferences listed in (1) and (2) above. From the second-time private school onwards, we will adjust the use of the service, taking into consideration the preferences listed in (1) and (2) above.

)

History of withdrawing from school due to childcare leave

Name of licensed childcare facility (

Commuting period (__MM___YYYY-

Withdrawn from nursery school__MM___YYYY)

_主管課記入欄																						
該当者	認申	申込書	家状	児状	就証	シフト	自営	診断書	親手	障害	介·看	在学	生保	在留	保育	引越	ひとり	その他		備	ā	考
父					/	/	/	/		/	/	/		/				/				
母				/	/	/	/	/	/	/	/		/				/					
祖父	/	/	/	/	/	/	/	/		/	/	/	/	/	/	/	/	/				
祖母					/	/	/	/	/	/	/	/		/				/				
子	提出期限							/		/				/				/				