

Sample form for Group 2 and Group 3

Be sure to fill in the application date.

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.]

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

* We do not accept applications by fax or email.

Application date		xx DD/ xx MM/ xxxx YYYY		*If submitted by mail or to a childcare facility, please submit the form without your Individual Number	
Address		1-4-1 Chuo, Edogawa-ku, Tokyo ban go			
① Name of parent/guardian		Relation-ship	Date of Birth	Age	Occupation
*Notices and other documents will be addressed to Parent 1.					*Fill in only if different from the address above.
1 Furigana Edogawa Taro		Father	xx.xx.xx	32	Company employee
Individual Number		Cell phone	xx xx (xx xx) xx xx		Place of residence on January 1st, 2023
2 Furigana Edogawa Hanako		Mother	xx.xx.xx	27	Company employee
Individual Number		Cell phone	xx xx (xx xx) xx xx		Place of residence on January 1st, 2023
I accept the contents of the admission guidelines and apply for certification for education and daycare benefits for children and admission (transfer) to a daycare facility as follows, along with the required documents.					
② Name of child applying for certification and family members living with the child		Relation-ship	Date of Birth	Age	Occupation / Name of facility where you are enrolled
*Fill in siblings, grandparents living together, etc.					Category of application for certification
3 Furigana Edogawa Kisaku		Child	xx.xx.xx	3	Kindergarten
Individual Number					Group 1 (kindergarten, etc. only)
4 Furigana Edogawa Akabei		Child	xx.xx.xx	2	Group 2 (over 3 years old)
Individual Number					Group 3 (under 3 years old)
5 Furigana Edogawa Midosuke		Grand-father	xx.xx.xx	58	Independent business
Individual Number					Group 1 (kindergarten, etc. only)
6 Furigana					Group 2 (over 3 years old)
Individual Number					Group 3 (under 3 years old)
7 Furigana					
Individual Number					
③ Necessity of childcare		I request to use childcare services at a childcare center, etc. due to parental employment, illness, etc. (including cases where the child is applying for childcare services at the same time as a kindergarten, etc.)		I request to use a kindergarten, etc. (except in the case of joint application with a childcare center, etc.)	
*Check one of the following		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
④ Preferred hours		Standard Childcare Hours (Within the opening hours of each facility, up to 11 hours)		Reduced Childcare Hours (Within the opening hours of each facility, up to 8 hours)	
*Check one of the following boxes		<input checked="" type="checkbox"/>		<input type="checkbox"/>	
⑤ Reasons for requiring childcare		Status of the father		Status of the mother	
*Check one of the following		<input checked="" type="checkbox"/> Working <input type="checkbox"/> Disease/Disability <input type="checkbox"/> Job search-related activities <input type="checkbox"/> Disaster recovery <input type="checkbox"/> Non-existent <input type="checkbox"/> Care and nursing <input type="checkbox"/> Schooling <input type="checkbox"/> Other ()		<input checked="" type="checkbox"/> Working <input type="checkbox"/> Disease/Disability <input type="checkbox"/> Job search-related activities <input type="checkbox"/> Disaster recovery <input type="checkbox"/> Non-existent <input type="checkbox"/> Care and nursing <input type="checkbox"/> Schooling <input type="checkbox"/> Other ()	
⑥ Notes on the provision of tax information, etc., the levy and collection of childcare fees, and the approval of education and childcare benefits, utilization adjustment, etc.					
I agree to the following terms and conditions.		xx DD/ xx MM/ xxxx YYYY		Name of parent/guardian (signature) Edogawa Taro	
(1) I agree to the following		(in the case of a child who has entered kindergarten and graduated from kindergarten)			
(i) To confirm whether child support allowance, whether or not they receive public assistance, information on the levy of resident tax, information on foreign residents, whether or not they receive adjustment of education and daycare benefits for children (hereinafter referred to as "certification"), and other information such as the employment status of the guardians, and to obtain information necessary to confirm the necessity of childcare (including ex officio confirmation of one's own number and information linkage among local governments using one's Individual Number). In addition, such information shall be shared among related organizations (including specified education and childcare facilities, etc.) and the user-paid amount (childcare fee) determined based on such information shall be presented to the specified education and childcare facilities, etc.		(ii) Submit by the due date the various required documents requested by Edogawa Ward for certification, utilization adjustment, continuation of enrollment, status confirmation, and determination of user-paid amount (childcare fee). You may be asked to submit documents that can be omitted because they are subject to information linkage. In addition, other documents may be requested separately as necessary.			
(iii) Continued compliance with certification and attendance requirements.		(iv) If (ii) or (iii) of (1) is not fulfilled, I agree for my child to be immediately withdrawn from nursery school or to have his/her education and childcare benefit certification revoked.			
(2) If (ii) or (iii) of (1) is not fulfilled, I agree for my child to be immediately withdrawn from nursery school or to have his/her education and childcare benefit certification revoked.		(3) If the criteria for certification and childcare services are not met, the preferred certification may not be attained.			
(3) If the criteria for certification and childcare services are not met, the preferred certification may not be attained.		(4) Due to the number of applications, it will take at least 30 days from the closing date of the application period to send the certification of provision and the notice of utilization adjustment result (approval or disapproval) for April applications.			
(4) Due to the number of applications, it will take at least 30 days from the closing date of the application period to send the certification of provision and the notice of utilization adjustment result (approval or disapproval) for April applications.		(5) Even if you are certified for admission, your approval may be cancelled if the child does not undergo an interview and medical examination, or if the results of the interview and medical examination indicate that group childcare is not feasible.			
(5) Even if you are certified for admission, your approval may be cancelled if the child does not undergo an interview and medical examination, or if the results of the interview and medical examination indicate that group childcare is not feasible.		(6) All required documents for certification must be submitted by the deadline. If the documents are not submitted, the application for certification may be rejected.			
(6) All required documents for certification must be submitted by the deadline. If the documents are not submitted, the application for certification may be rejected.		(7) If you no longer require the facility's services after getting certified, or if there is a change in the certification details (family or work situation, etc.), you must notify the ward.			
(7) If you no longer require the facility's services after getting certified, or if there is a change in the certification details (family or work situation, etc.), you must notify the ward.		(8) If the application content is not true, the certification may be revoked. In addition, if you move out of Edogawa Ward, or the certification's period of validity has expired, it will be regarded as being cancelled.			

If you submit the form by post or to a childcare facility, you do not need to fill in your My Number.

Please fill in the age of the child which he/she wishes to enroll.

Even if your child is 2 years old at the time of application, check Group 2 if your child is 3 years old as of the preferred start date of admission.

Please fill in the name of the child/cohabitant applying for certification, (including grandparents, etc. living at the same address or in the same building such as an apartment), relationship to the child, My Number, etc. (*).
***If you have a child who has not been applied, please be sure to fill in the place where he/she is staying in the [occupation/name of facility where you are enrolled] column.**

If the number of hours worked is less than the work authorization (48 hours or more per month, excluding breaks), this will be a "job search-related activities" certification.

Be sure to put your signature.

If more than one situation applies, check the one that causes the longest time of difficulty in childcare.

◆ If you are applying because you plan to return to work after childcare leave, please check the "Working" box.
 ◆ Even if you are applying with a job offer, please check the "Working" box.

主管課記入欄	3
母・父・他	母・父・学・他
母・父・他	母・父・学・妊・他
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You can fill out the form for up to 2 children.
If you are filling out forms for more than 3 children,
please make copies of the forms.

2024

*Application is required for each fiscal year.

(Reverse side)

Term of use	From 01/ <u>XX</u> /MM/ <u>XXXX</u> /YYYY <input checked="" type="checkbox"/> Until entering elementary school <input type="checkbox"/> Until the last day of <u> </u> /MM/ <u> </u> /YYYY	*Please check one of the following boxes.	
Reasons why childcare cannot be provided at home/reason for transferring to another facility	<input checked="" type="checkbox"/> Because parents are working <input type="checkbox"/> I request licensed nursery schools		
Name of the child who is applying ①	Furigana Edogawa Akabei	Name of the child who is applying ②	Furigana Edogawa Kisaku
Name of preferred facility	*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 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.		
First choice	<input checked="" type="radio"/> Nursery school Visited on <u>10</u> /MM/ <u>8</u> /DD	First choice	<input checked="" type="radio"/> Nursery school Visited on <u>10</u> /MM/ <u>8</u> /DD
Second choice	<input type="radio"/> Nursery school Visited on <u> </u> /MM/ <u> </u> /DD	Second choice	<input type="radio"/> Nursery school Visited on <u> </u> /MM/ <u> </u> /DD
Third choice	<input type="checkbox"/> Nursery school Visited on <u>9</u> /MM/ <u>25</u> /DD	Third choice	<input type="checkbox"/> Nursery school Visited on <u>9</u> /MM/ <u>25</u> /DD
Fourth choice	<input type="radio"/> Nursery school Visited on <u>9</u> /MM/ <u>15</u> /DD	Fourth choice	<input type="checkbox"/> Nursery school Visited on <u> </u> /MM/ <u> </u> /DD
Fifth choice	<input type="checkbox"/> Nursery school Visited on <u> </u> /MM/ <u> </u> /DD	Fifth choice	<input type="checkbox"/> Nursery school Visited on <u> </u> /MM/ <u> </u> /DD
Sixth choice and onwards	<input checked="" type="checkbox"/> ⇒Please prepare and attach a separate sheet of paper for your 6th choice and subsequent choices.	Sixth choice and onwards	<input type="checkbox"/> ⇒Please prepare and attach a separate sheet of paper for your 6th choice and subsequent choices.
Current childcare situation	<input checked="" type="checkbox"/> My mother <u>am</u> is taking care of my child at home. <input type="checkbox"/> Accompanying <u> </u> to the workplace ⇒ Childcare center available (Yes/No) <input type="checkbox"/> I leave my child with a childcare provider (Name of childcare provider: <u> </u>) <input type="checkbox"/> The child is placed in a licensed childcare facility, certified childcare facility, company-led childcare facility, kindergarten, or other facility ⇒ Facility name <u> </u> (<u> </u> /MM <u> </u> /YYYY - <u> </u> /days per week / Hours <u> </u> : <u> </u> ~ <u> </u> : <u> </u>)	Current childcare situation	<input type="checkbox"/> <u> </u> am/is taking care of my child at home. <input type="checkbox"/> Accompanying <u> </u> to the workplace ⇒ Childcare center available (Yes/No) <input type="checkbox"/> I leave my child with a childcare provider (Name of childcare provider: <u> </u>) <input checked="" type="checkbox"/> The child is placed in a licensed childcare facility, certified childcare facility, company-led childcare facility, kindergarten, or other facility ⇒ Facility name <u>Kindergarten</u> (<u>4</u> /MM <u>R2</u> /YYYY - <u>5</u> /days per week / Hours <u>9</u> : <u>30</u> ~ <u>14</u>)
Past attendance history [Nursery schools, kindergartens, etc.]	<input checked="" type="checkbox"/> None or Only facilities currently attended <input type="checkbox"/> Yes ⇒ Facility name <u> </u> (<u> </u> /MM <u> </u> /YYYY - <u> </u> /MM <u> </u> /YYYY)	Past attendance history [Nursery schools, kindergartens, etc.]	<input type="checkbox"/> None or Only facilities currently attended <input checked="" type="checkbox"/> Yes ⇒ Facility name <u>Kindergarten</u> (<u>4</u> /MM <u>H31</u> /YYYY - <u>3</u> /MM <u>R2</u> /YYYY)
If simultaneously applying for two or more children (siblings) *Please check one of the following, out of boxes (1) to (3).			
<input type="checkbox"/> ① 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.			
<input checked="" type="checkbox"/> 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... <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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.			
<input type="checkbox"/> 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 ()] *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 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 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 (<u> </u>)	Commuting period (<u> </u> /MM <u> </u> /YYYY - <u> </u> /MM <u> </u> /YYYY)	Withdrawn from nursery school <u> </u> /MM <u> </u> /YYYY

If you are applying for a transfer, please indicate the reason why you wish to transfer (e.g., due to relocation).

If you have already visited the facility, please indicate the date. *If you wish to apply for a private childcare facility, please visit the facility with your child before applying.

Please do not abbreviate the names of the childcare facilities and enter them correctly.

If you have a 6th choice or later, check the "Sixth choice and onwards" box, and write the date of application, the name of the parent/guardian, the name of the facility you wish to use on a separate sheet of paper, etc., and submit it together.
*There is no upper limit to the number of preferred childcare facilities, but please enter as many as you can commute to.

Please do not abbreviate the names of the facilities and enter them correctly.

If the child was previously enrolled at another facility, please check "Yes" and provide the name of the facility, etc.

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	備考	
父					/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
母					/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
祖父	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
祖母	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
子	提出期間				/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/

Please enter if your child left an approved childcare facility before taking childcare leave because of taking childcare leave.

If you are applying for 2 or more siblings, please be sure to check the appropriate boxes. If you have checked the box [(3) I wish to enroll my child even if only one child can be enrolled], please be sure to indicate the placements you are considering for children who cannot be enrolled.
*For those who have applied with plans to return to work after childcare leave, if you are unable to return to work by the end of the month of enrollment (including the first day of the following month), in principle, the offer will be cancelled or the child will be withdrawn from the facility.