

主管課記入欄		<div style="border: 1px solid black; padding: 5px; width: fit-content;"> Check the reason that pre-emptive leave is taken to the greatest degree and for the longest time. ◆ If you have a job offer at the time of application, please check the "Working" box. </div>										2		3			
受付		収受番号		登録		書類請求		入園申込		認定		指		父 就・疾・介・災・求・育・学・他		母 就・疾・介・災・求・育・学・妊・他	
母・父・他		受付園・受付者		認定区分		①		1 2 3		標 短		認定期間		就学前まで/満3歳未満まで/3カ月間		宛名番号	
						②		1 2 3		標 短		就学前まで/満3歳未満まで/3カ月間					
						<input type="checkbox"/> 本人確認済 <input type="checkbox"/> マイナンバー確認済 <input type="checkbox"/> マイナンバー・職権説明済 <input type="checkbox"/> 民営化 <input type="checkbox"/> 見学依頼済											

You can fill out the form for up to 2 children. If filling in for 3 or more children, please make a copy of the form.

Application for Approval of Education and Childcare Benefits and Application for Admission (Transfer) to a Childcare Facility (reverse side)

◎ I accept the information in the Admission Guide and apply for admission (transfer) to a daycare facility with the required documents.

If you are applying for a transfer, please enter the reason why you wish to transfer (e.g., because we are moving to a different area).

Term of use	From 01/ <u>xx</u> MM/ <u>xx</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	Parents are working	

If you have already visited, please indicate the date.

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

Name of the child applying ①	Furigana Edogawa Kisaku	Name of the child applying ②	Furigana Edogawa Akabei
------------------------------	----------------------------	------------------------------	----------------------------

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 you have already visited with your child, please indicate the date of the visit.		
----------------------------	---	--	--

Please do not abbreviate the name of the facility you wish to use; make sure to write down the full name of the facility.

First choice	△△ Nursery School Visited on <u>8</u> DD/ <u>10</u> MM	First choice	△△ Nursery School Visited on <u>10</u> DD/ <u>8</u> MM
Second choice	○○ Nursery School Visited on <u> </u> DD/ <u> </u> MM	Second choice	○○ Nursery School Visited on <u> </u> DD/ <u> </u> MM
Third choice	□□ Nursery School Visited on <u>25</u> DD/ <u>9</u> MM	Third choice	□□ Nursery School Visited on <u>9</u> DD/ <u>25</u> MM
Fourth choice	○△ Nursery School Visited on <u>15</u> DD/ <u>9</u> MM	Fourth choice	
Fifth choice	□○ Nursery School Visited on <u> </u> DD/ <u> </u> MM	Fifth choice	
Sixth choice and onwards	<input checked="" type="checkbox"/> ⇒ Please prepare and attach a separate sheet of paper for your sixth choice and subsequent choices.	Sixth choice and onwards	<input type="checkbox"/> ⇒ Please prepare and attach a separate sheet of paper for your sixth choice and subsequent choices.

If you have a sixth choice and subsequent choices, check the box containing "sixth choice and onwards" box and write the date of application, the name of the guardian, the name of the child applying, and the name of the facility you wish to use on a separate sheet of paper, and submit it together.

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> </u> ○○ Kindergarten (<u>4</u> MM 2023 YYYY - <u>5</u> days per week / Hours <u>9</u> : <u>30</u> ~ <u>14</u> : <u>00</u>)	Current childcare situation	<input checked="" type="checkbox"/> Mother <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 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>)
-----------------------------	---	-----------------------------	---

*There is no upper limit to the number of choices, but please only fill in ones where attendance is possible.

Past attendance history	<input type="checkbox"/> No or only the facility child is currently attending <input checked="" type="checkbox"/> Yes ⇒ Facility name <u> </u> △△ Nursery School (<u>4</u> MM 2021 YYYY - <u>3</u> MM 2023 YYYY)	Past attendance history	<input checked="" type="checkbox"/> No or only the facility child is currently attending <input type="checkbox"/> Yes ⇒ Facility name <u> </u> (<u> </u> MM <u> </u> YYYY - <u> </u> MM <u> </u> YYYY)
-------------------------	--	-------------------------	--

Please do not abbreviate the name of the facility you wish to use; make sure to write down the full name of the facility.

If simultaneously applying for 2 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.	If your child has attended other facilities in the past, please check "Yes" and provide the name of the facility.
<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.	
<input type="checkbox"/> ③ Even if only one child can be admitted, I wish for the child to be enrolled.	

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 childcare facility at the same time, it will result in a rejection for all siblings.

Please circle or write in who will take care of the child(ren) who is/are not admitted.
(☐ Because the childcare providers ☐ Certified childcare center ☐ Company-led childcare center ☐ Accompanying the workplace ☐ Grandparents ☐ Other ())

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

◆ If you are applying for a private facility (first-time) in the first year of the 0-year-old class	If simultaneously applying for two or more children (siblings) Check the appropriate box.	Use ① or ② above
---	---	------------------

History of withdrawing from school due to childcare leave	Name of licensed childcare facility (<u> </u>)	YYYY- MM - YYYY
---	--	-----------------

主管 該當 父 母 祖父 祖母 子	提出期限	自営 診断書 親手	備考
-------------------------------------	------	-----------------	----