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.

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	v	40	

Application date		DD/		N	ИМ/	Y	YYY	*When submitting the form by mail or at a childcare facility, please submit it without your Individual Numbers.											
Address Ed	logaw	a-ku																	
① Name of p	aren	t/gn:	ardis	ın]	Relation-	D-4 CD: 1	A	0	*Fill in only if different from the address above.								
*Documents will be					rent/Gua	rdian 1.	ship	Date of Birth	Age	Occupation		-	Place of residence on						
Furigana											Prefecture	City/Town/Village	Prefecture	City/Town/Village					
1																			
Individual Number		П		П			Cell	Phone ()	†								
Furigana								(,	Prefecture	City/Town/Village	Prefecture	City/Town/Village					
2																			
Individual		1 1					Call	Phone (-								
Individual Number		1	a C a da	4:	4	ahildaa.)									
OI hereby apply f Name of child a	- ^ ^						re bene	ents as ionows.	1 ~~ of	Occupation	Catagory of ann	lication for certification	Name of first ch	oiga facility					
members living	with th	e child				.	Relation- ship	Date of Birth	Age of class	Name of facility where	0 1 11	or the child applying	*Only write in for the						
*Fill in siblings, Furigana	grand	parents	living	toget	her, etc.		Р		Clubb	you are enrolled	Group 1 (kinde	11.	Only write in for the						
3											☐ Group 2 (over 3	•	Centers for Earl	Nursery school y Childhood Education and Care					
Individual		П									☐ Group 3 (under	•	*For children applying for c	Kindergarten ertification for the first group,					
Number Furigana											1 1	•	ente	the unofficial nursery school.					
4											☐ Group 1 (kinde	0 , ,,	Centers for Ear	Nursery school v Childhood Education and Care					
Individual		1						• •			Group 2 (over 3	•		Kindergarten ertification for the first group,					
Number Furigana		Ш									☐ Group 3 (under		ente	r the unofficial nursery school.					
5											☐ Group 1 (kinde	0 , ,,	Contare for Ear	Nursery school y Childhood Education and Care					
			-								Group 2 (over 3			Kindergarten					
Individual Number		Ш									☐ Group 3 (under	3 years old)	*For children applying for cente	ertification for the first group, r the unofficial nursery school.					
Furigana 6																			
Individual Number																			
Furigana 7																			
'																			
Individual Number																			
3Necessity of								dcare center, etc. due to parental where the child is applying for child	lcare				s and private), centers for earl home-based childcare centers,						
childcare	F		ervices	at the	same time	e as a kinde	ergarten,	etc.)		centers, and home-visit	childcare centers.		rly childhood education and care (
*Check one of the follow	ring [use a k		rten, etc	. (except in the case of joint applic	ation			he reverse side do not need to be		kindergarten portion).					
4 Preferred	Г	Star	dard	Chilo	lcare H	Iours (W	/ithin th	ne opening hours of each					accommodate. These hours are						
hours	of those hours will be								of those hours will be tr										
*Check one of the following bo	oxes				care H hours)	ours (W	ithin the	e opening hours of each		*If you wish to apply fo hours.	or shorter hours, even if	your application can be cert	tified for standard hours, it wil	l be for shorter					
]	Father'	's statı	ıs				Mother's status							
(5) Reasons for requirin	ons for requiring Working Disease/Disability Lob search Disease Disability Lob search Disease Disability Lob search Disease Disease Disability Lob search Disease Disability Disease Disease Disability Disease Disease Disability Disease Disease Disease Disability Disease											Disaster recovery							
*Charle and of the follow	care .										= 21545001 1000101								
-	heek one of the following Non-existent Care and nursing Schooling Other () Non-existent Care and nursing Schooling Other ()																		
6 Notes on the p	rovisi	on of	tax in	forn	nation	, etc., tl	he levy	and collection of childe	are fee	s, and the appro	val of education	and childcare ben	efits, utilization adju	stment, etc.					
agree to the following	ng							Name of many			`								
terms and conditions	S.		DI)/	N	1M/	YY	Name of pare	nt/gua	ardian (signatur	re)								
(1) I agree to the following from the application date until the end of the validity period of the certification of provision (in the case of a child who has entered kindergarten and graduated from kindergarten) (1) To confirm whether or not Edogawa Ward has information based on the Basic Resident Ledger, information on the levy of resident tax, information on foreign residents, whether or not they receive child support allowance, whether or not they receive public assistance, information on disabled persons, etc., of the guardians (including those from the same household) necessary for the authorization and utilization 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 investigate and obtain information necessary to confirm the necessity of children (cludding 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 presented to the specified education and childcare facilities, etc.) and the user-paid amount (childcare facilities, etc.) and the user-paid amount (childcare facilities, etc.) and the user-paid amount (childcare facilities) and the child and guardian as needed. (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. (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																			
主管課記入欄																			
受付			収受番	号		登録	書類	請求 入園申込 認定	指数	入力 認定	確認 指数確認 入	、力確認 1	2	3					
												父 就 · 疾 ·	介・災・求・育・学・	他					
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	j		受付	園・	受付者		認定	D 1 2 3 標 短	認定	1	就学前まで/ ~	満3歳未満まで/3カ月間	宛						
							定区分		疋 期 間	1	就学前まで/	満3歳未満まで/3カ月間	名 番 号						
母・父・他							/3	★人確認済□マイナンバー研			イナンバー職権説明済	· · · · · · · · · · · · · · · · · · ·	学依頼済						

Application for Appro	val of Educ	cation a	and Ch	ildcare	Benefi	ts and A	Applica	ation fo	or Adm	ission (Transf	er) to a	Child	care Fa	cility (reverse	side)			20	26	
O I accept the information in	the Admission	Guide an	nd apply f	or admiss	sion (trans	fer) to a d						w. aal	2001		٦			*Applica	ation is requ	ired for ea	nch fiscal year	
Term of use	From	01/	M	M/	_YY	YY				ng elei st day		-		_YYY	/Y }	*Pleas	e checl	k one	of the fo	llowin	g boxes.	
Reasons why childcare cannot be provided at home/reason for transferring to another facility																						
Name of the child applying ①	Name of the child applying 2																					
Name of pre- ferred facility	*Please do I If incorrec *If you have	t inform	nation is	listed fo	or the fac	cility, it i	may be	deemed	d invalid		nces of o	childcar	e servic	es; mak	e sure to	write do	own the	full nam	ne of the fa	eility.		
First choice					Vis	ited on	1	MM/	DD	Fi	rst ch	oice						Visi	ted on	MM	/DD	
Second choice					Vis	ited on	1	MM/	DD	Sec	ond o	hoice	e					Visi	ted on	MM	/DD	
Third choice					Vis	ited on	1	MM/	DD	Th	ird c	hoice						Visi	ted on	MM	/DD	
Fourth choice					Vis	ited on	1	MM/	DD	For	urth c	hoice	2					Visi	ted on	MM	/DD	
Fifth choice					Vis	ited on	1	MM/	DD	Fi	fth ch	oice						Visi	ted on	MM	/DD	
Sixth choice and onwards	11 1					rate she		oaper fo	or		xth ch d onw			⇒Please prepare and attach a separate sheet of payour sixth choice and subsequent choices.								
Current childcare situation	am/is taking care of my child at home. Accompanying to the workplace \$\Rightarrow\$ Childcare center available (Yes/No) I leave my child with a childcare provider (Name of childcare provider:) The child is placed in a licensed childcare facility, certified childcare facility, company-led childcare facility, kindergarten, or other facility \$\Rightarrow\$Facility name										am/is taking care of my chil Accompanying to the workplace ⇒ Childcare center available (Yes/No) I leave my child with a childcare provider (Name of childcare provider: The child is placed in a licensed childcare facility, cert facility, company-led childcare facility, kindergarten, cert facility name (_MM_YYYYdays per week / Hours:								ertified c n, or othe	rtified childcare , or other facility		
Past attendance history [Nursery schools, kindergartens, etc.]	No or only the facility child is currently attending Past attendance history No or only the facility child is currently attending history Yes ⇒ Facility name Yes ⇒ Facility name (_MMYYYYMMYYYY) No or only the facility child is currently attending history [Nursery schools, kindergartens, etc.] Yes ⇒ Facility name (_MMYYYYMMYYYY)											ing										
If simultaneously	y applyin	g for	2 or	more	child	ren (s	iblin	gs)	*Plea	se chec	k one	of the	follow	ing, ou	t of bo	xes (1)	to (3).					
☐ ① I wish to	enroll n	ny chi	ldren	only	if I car	n enro	ll the	m du	ring t	he sa	me pe	riod	and a	t the s	same	<u>childc</u>	are fa	cility	<u> </u>			
*Please note	that if <u>all si</u>	iblings	are una	able to e	enter the	same c	hildcar	re facili	ty at the	e same t	ime, <u>th</u>	eir adn	nission	will be	put on	hold.						
② If they ca	n be adm	itted a	at the	same	time,	I wisł	1 to e	nroll t	them,	even i	f they	are p	laced	at diff	erent	childe	are fac	cilitie	<u>S.</u>			
Please sele	ect one of	the ite	ms on	the rig	jht 🗆		•			eparate to be gi			ilities, a	and for	each o	ne, I wo	ould lik	e for th	ne most h	iighly-p	ore-	
] I pri	oritize	havin	-	_		-	same c	hildcar	e facili	ty, ever	n if the	facility	ranks lo	wer on	the list	
*Please note 3 Even if 0						same c		re facili	-			will res	ult in <u>a</u>	rejectio	on for a	all siblir	igs.					
Please circ								` '				_		_		,						
*If even one c met. Please c		itted to	the pre	eschool	, he/she	will be	withd	rawn fr	rom nui		hool if t				Other employ	(ment or	other er)] ent require	ements	are not	
The admission-relate private school, we wi onwards, we will adju	d decisions f Ill make sele	for the excitons for	nrollme or childr	nt into the	he 0-yea ne 1-yea	r-old cla r-old cla	ss for A	April wi above w	ll be ma	de from aking int	the seco	nd-time leration	e private	e school.	For this	s reason,	during t	he scree	ening for t	he first-t		
History of withdrawing from school due to childcare leave	Name o	f licen	ised ch	ildcare	e facilit	ty ()	Con	nmutir	ng peri	od (YY wn fror	YY- n nurse	ery sch	nool M	ſМ	_YYYY)	
主管課記入欄 該当者 認申 申込書	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		-41	備	考	
父	2001	/	/	/	/		/	/	/		/				/							
祖父 / /	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/							

祖母

提出期限