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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Application	n date	*When submitting the form by mail or at a childcare facility, please submit it without your Individual Numbers.											omit it without your Individual Numbers.							
Addre	ess	Edo	ogaw	a-ku																
① N	ame of	f ng	ren	t/σ11	ardi	an			Relation-				*Fill in only if different from the address above.							
	cuments wil						rent/Gu	ardian 1.	ship	Date of Birth	Age	Occupation	_	025 Place of residence on January 1, 2026						
	Furigana												Prefecture City/Town/V							
1										• •										
Individu	ual	Т		П		\Box			Cell	Phone ()								
Numbe	Furigana	_	_			ш			Con	i none (Prefecture City/Town/V	Tillage Prefecture City/Town/Village						
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		•	- ^ ^						are bene	fits as follows.			C . A 11 .1 A .10 .1							
Name of child applying for certification and family members living with the child								nily	Relation-	Date of Birth	Age of	Occupation Name of facility where	Category of application for certification	v						
*Fill in siblings, grandparents living together, etc.							ther, et	c.	ship		class	you are enrolled	*Only check for the child applying	*Only write in for the child applying						
3	Furigana												☐ Group 1 (kindergarten, etc. only)	Nursery school						
													☐ Group 2 (over 3 years old)	Centers for Early Childhood Education and Care Kindergarten						
Individo Numb						Ш							☐ Group 3 (under 3 years old)	*For children applying for certification for the first group, enter the unofficial nursery school.						
4	Furigana												☐ Group 1 (kindergarten, etc. only)	Nursery school						
4													☐ Group 2 (over 3 years old)	Centers for Early Childhood Education and Care Kindergarten						
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3Ne	cessity	of] Yes	employ	ment,	illness,	etc. (includ	ing cases v	dcare center, etc. due to parental where the child is applying for child	lcare	education and care (nurs	sing school portion), small-scale childcare cen	wards and private), centers for early childhood ters, home-based childcare centers, in-office childcare						
childcare services at the same time as a kinderga											ation	centers, and home-visit childcare centers. *The term "kindergarten, etc." refers to some private kindergartens and centers for early childhood education and care (kindergarten portion).								
*Check	k one of the fo	ollowi	ng [re center		iricii, cic	. (except in the case of Joint applic	ation	*If "No" is selected, the fol	lowing items (4), (5) and the reverse side do not nee	to be filled in.						
(A)Pr	eferred		Пг						Within th	e opening hours of each				can accommodate. These hours are not the same as the						
hours			F			•	1 hour		Vithin th	e opening hours of each		hours your child is taken care of (childcare hours). The hours of operation vary from facility to facility, and any time outside of those hours will be treated as extended care. *If you wish to apply for shorter hours, even if your application can be certified for standard hours, it will be for shorter								
*Check	es 🗆				hour		vitiiiii tii	opening nours or each		hours.	r snorter nours, even 11 your application can b	e certified for standard hours, it will be for shorter								
(E) Door	ons for requ	ivina						Father	r's statı	IS			Mother's statu	S						
child		Work	ing		Disease	/Disability	□ Job	search Disaster recover	y	□ Working □	Disease/Disability	☐ Pregnancy and childbirth ☐ Disaster recovery								
*Checl	0	l Non-	evistent	t \Box	Care ar	nd nursing	□ Scho	oling Other ()	□ Non-existent □	Care and nursing Schooling	Other (
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(b) N01	tes on the	e pr	OVIS	on oi	tax 1	nior	matio	n, etc., t	tne ievy	and collection of childe	are tee	es, and the appro	val of education and childcare i	penefits, utilization adjustment, etc.						
	to the follo		9		ъ.	D /		. 0. (/	3737	YY Name of pare	nt/au	ardian (signatur	a)							
terms a	and conditi	ions.			D.	D/		MM/	YY	YY Name of pare	ni/gu	arulari (signatui								
(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) (i) 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 (hereinafter referred to as ""certification"), and other information such as the employment status of the guardians, and to investigate and obtain information incoming a part of the guardians of the guardians in converted to a provide a provided and part of the guardians and to investigate and obtain information inshall be shared among related organizations (including exoffice on firmation 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. Edogawa ward office shall share the information with relevant organizations (including specified education and childcare facilities, etc.) and the user-paid amount (childcare facilities) regarding the circumstances of the household as well as those of 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 facilities) required to submit documen																				
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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 (1	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	ition is requ	ired for ea	ich fiscal year			
Term of use	From	01/	M	M/	_YY	YY				ng elei st day		-		_YYY	/Y }	*Pleas	e check	one o	of the fo	llowing	g boxes.			
Reasons why childcare cannot be provided at home/reason for transferring to another facility																								
Name of the child applying ①	Furigana									chil	ne of t d app	lying												
Name of pre- ferred facility	*Please do i If incorrect *If you have	t inform	nation is	listed fo	or the fac	cility, it i	may be	deemed	l invalid		nces of o	childcar	e servic	es; make	e sure to	write do	own the f	full nam	e of the fa	cility.				
First choice	Visited onMM/DD First choice Visited on _											ted on	MM	/DD										
Second choice	Visited onMM/DD									Sec	ond c	hoice	e	Visited o							/DD			
Third choice					Vis	ited on	1	MM/	DD	Th	Third choice								ted on	MM	/DD			
Fourth choice		Visited onMM/DD Fourth choice										2	Visited onMM/I											
Fifth choice					Vis	ited on	1	MM/	DD	Fi	fth ch	oice		Visited onMM/DD										
Sixth choice and onwards	⇒Please prepare and attach a separate sheet of paper for your sixth choice and subsequent choices.										Sixth choice and onwards ⇒Please prepare and your sixth choice and								attach a separate sheet of paper for					
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 (_MM_YYYYdays per week / Hours: ~:)										rrent dcar ation			am/is taking care of my child at ho 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, certified chilfacility, company-led childcare facility, kindergarten, or other facility name (_MM_YYYYdays per week / Hours:~_:										
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 a history [MM _ YYYYMM _ YYYY) [Nursery schools, kindergartens, etc.] [MM _ YYYYMM _ YYYY)														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 i	if I car	n enro	ll the	m du	ring t	he sai	me pe	riod	and a	t the s	ame	<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	e facili	ty at the	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 wish	1 to e	nroll t	hem,	even i	f they	are p	laced	at diff	erent	childe	are fac	cilities	<u>S.</u>					
Please sele	ect one of	the ite	ms on	the rig	jht [•						ilities, a	and for	each o	ne, I wo	ould like	e for th	ne most h	ighly-p	re-			
									-	to be gi nildren		-	same c	hildcar	e facili	ty, ever	n if the f	facility	ranks lo	wer on	the list			
*Please note ③ Even if on						same c		e facili	-			will res	ult in <u>a</u>	rejectio	on for a	all siblin	igs.							
Please circ	•											dmitte	ed.											
☐ Because the ct *If even one comet. Please comet.		itted to	the pre	eschool	, he/she	will be	withd	rawn fr	om nur		nool if t			_	Other mploy	(ment or	other en)] ent require	ements:	are not			
The admission-related private school, we will adjust onwards, we will adjust onwards.	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	school.	For this	s reason,	during t	he scree	ening for th	he first-t				
History of withdrawing from school due to childcare leave	Name o						,)			ng peri	od (YY- n nurse	ry sch	ool M	ſМ	YYYY)			
主管課記入欄	IP 4b	글+-F-T	2.71	<u> </u>	Solut +	如子		△ ∓	ماند جار	<i>J</i> + <i>I</i> D	√- 5⊓	/p >=	71.55							.	*			
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提出期限