

※第 号

year Reiwa month day

Application for Childcare Benefits (Facility-based/Regional/Other) and Facility Use

To the Head of the Shiki City Welfare Office

Parent/Guardian name

☐ New ☐ Changing facilities ☐ Renewal ☐ Kindergartens & Nurseries ☐ Kindergartens only

I'm applying for the childcare benefit and facility use eligibility assessment as follows:

Child	Name (kana)				Date of birth	year 20	month	day	Disability certificate
	Name (kanji/ alphabet)				Sex	M / F	Relation to guardian		Yes / No
Guardian contact	Address						Age class		
	Address as of 2025-Jan-01	Father	City/Ward/Town/Village		Address as of 2026-Jan-01	Father	City/Ward/Town/Village		
		Mother	City/Ward/Town/Village			Mother	City/Ward/Town/Village		
	1st preferred contact (Mother / Father / )	( )			2nd preferred contact (Mother / Father / )	( )			
Use of daycare service		Preferred	Select if you prefer using daycare service at a nursery or similar facility because of the guardians' work or illness (including if you are also applying for a kindergarten or similar facility).						
		No	Select if you prefer using only a kindergarten or similar facility (excluding if you are also applying for a nursery or similar facility).						

- A "nursery or similar facility" means one of the following: a nursery, authorised children's centre (if you will use its daycare service), small-scale daycare, at-home daycare, home-visiting daycare, or an in-office daycare.
- A "kindergarten or similar facility" means a kindergarten or an authorised children's centre (if you will only use its educational service).
- If you circle "Preferred", fill in ① to ⑤. If you circle "No", fill in ①, ③, and ⑤.

① Family status

Child's household members (other than the child)	Kana name Kanji/alphabet name	Relation to child	Date of birth (in Japanese year)	Sex	Workplace/School etc.	Reason if lives separately	My Number
			(Taisho/Showa/Heisei/Reiwa) y m d	M / F		<input type="checkbox"/> Separated <input type="checkbox"/> Away for work <input type="checkbox"/> Other ( )	
			(Taisho/Showa/Heisei/Reiwa) y m d	M / F		<input type="checkbox"/> Separated <input type="checkbox"/> Away for work <input type="checkbox"/> Other ( )	
			(Taisho/Showa/Heisei/Reiwa) y m d	M / F		<input type="checkbox"/> Separated <input type="checkbox"/> Away for work <input type="checkbox"/> Other ( )	
			(Taisho/Showa/Heisei/Reiwa) y m d	M / F		<input type="checkbox"/> Separated <input type="checkbox"/> Away for work <input type="checkbox"/> Other ( )	
			(Taisho/Showa/Heisei/Reiwa) y m d	M / F		<input type="checkbox"/> Separated <input type="checkbox"/> Away for work <input type="checkbox"/> Other ( )	
			(Taisho/Showa/Heisei/Reiwa) y m d	M / F		<input type="checkbox"/> Separated <input type="checkbox"/> Away for work <input type="checkbox"/> Other ( )	
Public assistance use		<input type="checkbox"/> Never <input type="checkbox"/> Currently (from year month day ) <input type="checkbox"/> In the past (until year month day )					

②Reason for use of daycare etc.

Reason for the need of daycare	Relation	Number	Number choices
	Father		01 Work 02 Pregnancy/labour 03 Illness/disability 04 Care for elderly etc. 05 Disaster recovery 06 Job hunting 07 Enrolment in school 08 Abuse/domestic violence 10 Other ( ) 99 Not present
	Mother		
Mother status		Currently pregnant ( <input type="checkbox"/> Yes <input type="checkbox"/> No) Due date if pregnant (year month day )	
Family status		<input type="checkbox"/> Single parent (Divorced / Unmarried / Widowed / Partner missing / Other ( )) <input type="checkbox"/> Not a single parent	

③Agreement on providing tax information

The signer agrees that the city may view the household members' municipality tax payment information necessary for examining the eligibility for facility-based and regional childcare benefits. The signer also agrees that the city provides relevant childcare facilities with the information on the household's facility use fees (determined from the above tax payment information) and/or on the submitted documents such as certificates of employment and medical certificates.

Signature by guardian:

④Pledge of payment

I hereby promise to pay the childcare fees on time and according to the rules once enrolled in a city-recognised facility.

Signature by guardian:

⑤Preferred starting date and facility

Preferred starting date:

year Reiwa    month    day

Please list facility codes in order of preference.

	Childcare facility	Code		Childcare facility	Code
Kami-muneoka	Stella Shiki Muneoka Hoikuen	8	Honcho	Iroha Hoikuen	1
	Adachi Midori Youchien (Daycare)	516		Hoikuen Genki Kids Shiki En	153
	Adachi Midori Youchien (Education)	10003		American Kids Eigo Hoikuen Shiki Honcho En※	40046
Naka-muneoka	Kodomono Ie Shiki Nakamuneoka Hoikuen	9		Prier Yurinoki En※	30025
	Oonomichi Hoikuen ※	16		Arisan Hoikuen ※	15
Shimo-muneoka	Shiki Doronko Hoikuen	13		Mary Poppins Shiki Ekimae Room	221
	Kokorino Mori Hoikuen Muneoka ※	40002		Mary Poppins Shiki Room	12
Kashiwacho	Art Childcare Shiki	10		Asc Shiki Ekimae Hoikuen ※	5
	Funny ※	40027		Prier Shiki Ekimae En ※	548
	Hoikuen Genki Kids Shiki Kashiwacho En	736		Egaono Hana Hoikuen ※	40028
	Wellness Hoikuen Shiki	11		Enfant Chéri SHIKISM ※	620
	Prier Yanasegawa En	150		Adachi Midori Hoikuen ※	30056
	Kokorino Mori Hoikuen ※	30024		Shiki Kyokai Fuzoku Izumi Youchien (Education)	10001
	Hiiragi Hoikuen	340		Prier Shiki Honcho En	346
Saiwaicho	Hoikuen Genki Kids Shiki Saiwaicho En ※	40001	Tate	Tate Daiichi Suginoko Hoikuen	547
	Shiki Poporo Hoikuen	619		Shiawaseno Mori Youchien (Education)	10809
	Maple Hoikuen	14		Manabino Mori Yotsuba Hoikuen	6
※Up to two-year-old classes				Tate Daini Suginoko Hoikuen	621
				Petit Chéri ※	30026
				Enfant Chéri Pair Mall	7

Preference	Facility Code
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	

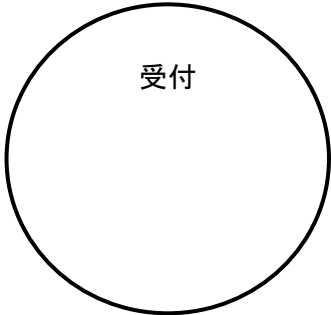
Preference	Facility Code
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	

※If you wish to choose facilities located in other municipality, put the municipality and facility names instead of a number.

~~~~~ For City Office Use Below ~~~~~

\* 市記入欄

|           |       |
|-----------|-------|
| 日本語       |       |
| 就労以外の保育要件 |       |
| 兄弟加点      | のみ 点。 |
| その他       |       |



|    |    |     |     |
|----|----|-----|-----|
| 受付 | 入力 | 確認① | 確認② |
|    |    |     |     |