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Reasons for applying for the childcare services

Date: *November 10, 2020*

- Please select the applicable reasons under "Reasons why childcare service is required for the child," fill in the necessary information, and submit this form together with the required documents.
  (If the information contained in this form differs from the information provided in the documents
- If you have more than one applicable reason, please provide information for all reasons.
  (For example, if you are employed and pregnant, you need to provide information for both "Employment" and "Childbirth.")

Parent's name: ***Taro Kyoto***

Child's name: ***Yuko Kyoto***

Name of the childcare facility of your 1st choice or that you are currently using: ***XX Childcare center***

Please note that your application may not be approved if the information provided here varies significantly from general perceptions.

Reasons why childcare service is required	Item		Circle one of the following. Status of father / other ( )	Status of mother / other ( )	Required documents
Employed	Employment type		☑ Regular worker ☐ Temporary worker ☐ Daily worker ☐ Part-time worker ☐ Contract worker ☐ Temporary agency worker ☐ Piecework at home ☐ Agriculture ☐ Self-employed ☐ Family-worker	☐ Regular worker ☐ Temporary worker ☐ Daily worker ☑ Part-time worker ☐ Contract worker ☐ Temporary agency worker ☐ Piecework at home ☐ Agriculture ☐ Self-employed ☐ Family-worker	Employment Certificate (If you work for more than one workplace, please obtain a certificate from all of your workplaces.)
	Relationship to the employee		☐ Applicant ☐ Spouse ☐ Child or grandchild ☐ Relative ☑ Employee	☐ Applicant ☐ Spouse ☐ Child or grandchi ☐ Relative ☑ Employee	
	Workplace location		☐ Home ☑ Outside home (-ku City)	☐ Home ☑ Outside home (-ku City)	
	Name of (planned) workplace		***XX Company***	***Bakery Shop XX***	
	Type of work		***Sales representative***	***Salesperson***	
	Working hours	Weekdays	**8 : 30**～ **17 : 30**	**8 : 30**～ **16 : 30**	
		Saturdays	: ～ :	: ～ :	
		Work break	**60** min.	**60** min.	
	Irregular working shifts		☐ Yes ☑ No	☐ Yes ☑ No	
	Shortened working hour program	Availability	☐ Yes ☑ No	☑ Yes ☐ No	
		Working hours under the program	: ～ :	**9 : 30**～ **16 : 30**	
		Period	Until [MM/YY]	Until October 2021	
	Wage	Monthly average	210,000 yen	135,000 yen	
		Amount	☑ Monthly wage ☐ Daily wage ☐ Hourly wage Other ( ) 210,000 yen	☐ Monthly wage ☐ Daily wage ☑ Hourly wage Other ( ) 900 yen	
	Working days	Monthly average	**22** days	**20** days	
	Commuting route	Commuting method	☐ Car ☑ Train ☐ Bus ☐ Bicycle ☐ On foot ☐ Other ( )	☐ Car ☐ Train ☐ Bus ☐ Bicycle ☐ On foot ☑ Other (Motorbike)	
		Closest train/bus station from home	***Nijojo-mae Station***	***Karasumi Oike Station***	
		Closest train/bus station from workplace	***Shijo Station***	***Imadegawa Station***	
	Commuting time*		**0** hr. **30** min.	**0** hr. **20** min.	
Sickness/disability (of parent(s))	Name of disability/ disease		***Cancer***		Copy of the sick/disabled parent's medical certificate, rehabilitation certificate, or nursing-care insurance card (showing the name of the sick/disabled person, the category of the condition of need of long-term care)
	Disability/ disease certificate	Yes/No	☐ Yes ☑ No	☐ Yes ☐ No	
		Type of certificate	☐ Physical Disability Certificate (Class:)*1 ☐ Health and Welfare Certificate of Person with Mental Disorder (Class:)*1 ☐ Receiving the Basic Pension for a Disabled Person ☐ Rehabilitation Certificate ☐ Receiving the Special Child Dependent's Allowance ☐ Other ( )	☐ Physical Disability Certificate (Class:)*1 ☐ Health and Welfare Certificate of Person with Mental Disorder (Class:)*1 ☐ Receiving the Basic Pension for a Disabled Person ☐ Rehabilitation Certificate ☐ Receiving the Special Child Dependent's Allowance ☐ Other ( )	*1: For a physical disability certificate or mental disability certificate, there is no need to
	Status		☐ Hospitalized ☑ Hospital visit ☐ Home healthcare	☐ Hospitalized ☐ Hospital visit ☐ Home he	
	Period of the status above	From	October 1, 2016	DD/MM/YY	
		To	DD/MM/YY	DD/MM/YY	
	Frequency of hospital visit (average)		☐ days/month ☑ *3* days/week	☐ days/month ☐ days/week	
	Limitations in daily life	Yes/No	☑ Yes ☐ No*2		*2: Schedule Form
		Details of the limitations (Be specific)	☑ Work ☐ Housework ☐ Childrearing ☐ Other ( ) ***I cannot move my body actively.***		

If you work irregular hours (on irregular shifts, rotating shifts, etc.), please attach the Schedule Form.

Check the type of wage (monthly, daily, or per-hour wages) and enter the amount of the wage. If none of these applies to you, specify in the "Other" section.

* Enter the time required for travelling to your workplace directly from your home. If an objective analysis proves that you should be able to commute in a shorter time than you state here, we may reject your statement.
If your workplace location has not been decided yet, provide the location of your company's main office in Kyoto.

If you are receiving treatment at home, please fill in the Schedule Form.

If you are receiving treatment at a hospital or at home, please provide as much detailed information as possible.

* Please turn over.

Reasons why childcare service is required	Item		Circle one of the following. Status of father / other ( )	Status of mother / other ( )	Required documents
Caring/nursing for family member(s) — Nursing of a family member with a disability or who needs long-term care (including accompanying them to school, etc.), nursing of a sick family member	Family member who requires nursing care			*Toyo Kyoto*	Copy of the medical certificate, rehabilitation certificate, or nursing-care insurance card (showing the name of the sick/disabled person, the category of the condition of need of long-term care) of the person being cared for * For a physical disability certificate or mental disability certificate, there is no need to attach a copy. However, you may be requested to submit a copy of such certificate if we cannot confirm your status.
	Date of birth of the person being cared for		DD/MM/YY	*December 3, 1936*	
	Relationship to the child			*Great-grandmother*	
	Living together or separately			☐ Together ☑ Separately	
	Address of the person being cared for (Only if he/she is living separately)			*456 XX Town, Uji City*	
	Name of disease/disability*			*Care level 3*	
	Status		☐ Caring at home ☐ Accompanying to hospital ☐ Attending at the hospital ☐ Short-term stay at a nursing care facility ☐ Visiting care facilities (days/week) ☐ Others ( )	☑ Caring at home ☐ Accompanying to hospital ☐ Attending at the hospital ☐ Short-term stay at a nursing care facility ☐ Visiting care facilities (days/week) ☐ Others ( )	Schedule Form
Working on post-disaster restoration work	Type of disaster		☑ Fire ☐ Flood ☐ Earthquake ☐ Others ( )	☐ Fire ☐ Flood ☐ Earthquake ☐ Others ( )	Victim's certificate
	Period necessary for restoration work	From	*October 15, 2020*	DD/MM/YY	
		To	*September 1, 2021*	DD/MM/YY	
Job searching	Status of job searching		☐ Other ( )	☑ Attending job fairs or job interviews ☑ Registered with public employment office (Hello Work) and/or private temporary staff agency ☐ Other ( )	Job search form, document to prove details of job search (Hello Work card [copy], etc.)
Job training/ school attendance	Name of school		*XX Welfare School*		Certificate of enrollment, or student certificate
	Address		*XX, YY Town, Nakagyo-ku Kyoto City*		
	Period of study	From	*April 1, 2019*	DD/MM/YY	
		To	*March 31, 2022*	DD/MM/YY	
	Days of attending school	No. of days/week	**5** days/week	days/week	School's timetable or Form
		School hours	**8 : 30～ 16 : 30**		
	Public financial support	Status	☐ Receiving ☑ Not receiving		
		Provider			
		Name & details of support			
	Commuting route	Commuting method	☐ Car ☑ Train ☐ Bus ☐ Bicycle ☐ On foot ☐ Other ( )		ng time stated here could be significantly shorter from an objective standpoint, your application may not be approved.
		Closest train/bus station from home	*Nijojo-mae Station*		
		Closest train/bus station from school	*Marutamachi Station*		
	Commuting time*		**0** hr. **30** min.	hr. min.	
Pregnancy/ childbirth	Expected date of childbirth		☐ Date of childbirth ☑ Expected date of childbirth	*March 10, 2021*	Copy of maternity passbook (cover page and the page showing
	Planned schedule after childbirth	Status	☑ Take childcare leave ☐ Return to work ☐ Other ( )		
		Period of childcare/ maternity leave	*May 1, 2021* -		of h
Continued use of the facility during the childcare leave	Date of childbirth				Employment certificate (indicating the period of childcare leave)
	Childcare leave	Status		eave	
		Period			
	Availability & period of extended leave			Until MM/DD/YY	

If you are certified as being in need of care, you may enter the category of your certification of long-term care need instead of the name of your disease.

Check all that apply.

Please fill in the average class hours.

If you are receiving public financial support, please fill in the name of the organization that provides the support and details of the grant.

If you have already given birth, please enter the date of the childbirth.

You cannot apply for continuous use of childcare services during your childcare leave, except if you are already using a facility for children under three years old and are applying for another facility that accepts older children.