

Qualification for Receiving Grants for Preschool Education and Childcare Services Application Form and Application for Childcare Service (Form 1 (1))

To: The Mayor of Kyoto City

- Agreement
1. In order to receive the childcare service, information of approval of the use of the childcare service, information of adjustment, special requests from the applicant, as well as other information necessary for the procedure afterwards.
2. In order to decide the amount of childcare fee the applicant will pay in accordance with the provisions of the Children and Child-rearing Support Law, we may check the applicant's inhabitant tax payment status in accordance with Article 16 of the law.
3. If we cannot confirm whether the reasons for applying for the service are true, or if we discover that the applicant has provided false information, we may revoke the approval in accordance with Article 24 of the same law.
4. If your use of the service has already been approved, we will not issue an approval certificate even if you make an application again.

I agree with the above and apply for approval of the use of childcare services in accordance with the Childcare Facility Benefit/Community Childcare Benefit Scheme. If I request application by childcare type, I also hereby apply for the use of the childcare service.

[For official use only]

| Name of child | Class | Name of facility |
|---------------|-------|------------------|
| Leave blank | | |

| | | | |
|---|---|------------------------------|---------------------------|
| Name of applicant (parent) (Sign or affix his/her seal beside) | ふりがな きょうと たろう Taro Kyoto | Application date MM/DD/YY | Date of birth MM/DD/YY |
|---|---|------------------------------|---------------------------|

Please provide the phone number(s) where you can be reached during the day.
Please place a checkmark next to the number where you would like to receive calls from the ward office/branch office.

If you are planning to move on or after the application date, please enter the scheduled moving date and your new address.

| | |
|---|---|
| Telephone (Place a checkmark next to the main contact person.) | (New address [scheduled]:) |
| <input type="checkbox"/> Home (123 - 0000) | |
| <input type="checkbox"/> Father (mobile) (080 - △△△△ - 0000) | <input checked="" type="checkbox"/> Mother (mobile) (080- 0000 - ××××) |

1. Child(ren) for whom the application is being made

In the case of company-led childcare facilities:
Please fill in both "Company-led childcare facilities" and "Childcare (Type 2, 3)."

| | | | |
|---|--------------------------|-------------------|---------------------|
| Requested starting date of approval | April 1, 2024 | | |
| Child(ren) for whom the application is being made | ふりがな | きょうと ゆうこ | 1st daughter |
| | Name | Yuko Kyoto | Female |
| | (Date of birth) MM/DD/YY | | |

Please read the descriptions of each type and place a checkmark next to the applicable type.

- **Education:** For children aged 3–5 who use childcare facilities only during the standard education time (generally 9:00 a.m. – 2:00 p.m.) (Using a kindergarten or a certified center for preschool education and childcare (kindergarten section))
- **Childcare:** For children aged 0–5 who require childcare (Using a childcare center, a small-scale childcare facility or a certified center for preschool education and childcare (childcare center section))

If you choose "Childcare," please also choose your desired childcare hours. (Please note that the childcare hours you would like may not be approved. For example, if the reason for requiring childcare services is "job searching" or "continued use of childcare services during childcare leave," only the services for shortened hours are available.)

2. Members of the household

| | | | | | | | |
|--|------|---------------------|-----------|--------------------------|-----------------------------|---|---|
| Members of the household (e.g., parents, siblings, grandparents) | ふりがな | きょうと たろう | Applicant | November 21, 1988 | Office worker | <input checked="" type="checkbox"/> Living together <input type="checkbox"/> Living separately | <input checked="" type="checkbox"/> In Kyoto City <input type="checkbox"/> Outside of Kyoto City |
| | Name | Taro Kyoto | | | | | |
| | ふりがな | きょうと はなこ | Wife | August 7, 1988 | Part-time worker | <input checked="" type="checkbox"/> Living together <input type="checkbox"/> Living separately | <input checked="" type="checkbox"/> In Kyoto City <input type="checkbox"/> Outside of Kyoto City |
| | Name | Hanako Kyoto | | | | | |
| | ふりがな | きょうと じろう | 1st son | March 4, 2011 | 〇〇 Elementary School | <input checked="" type="checkbox"/> Living together <input type="checkbox"/> Living separately | <input type="checkbox"/> In Kyoto City <input type="checkbox"/> Outside of Kyoto City |
| | Name | Jiro Kyoto | | | | | |
| | ふりがな | きょうと さぶろう | 2nd son | June 9, 2015 | 〇〇 Childcare Center | <input checked="" type="checkbox"/> Living together <input type="checkbox"/> Living separately | <input type="checkbox"/> In Kyoto City <input type="checkbox"/> Outside of Kyoto City |
| | Name | Saburo Kyoto | | | | | |
| | ふりがな | | | MM/DD/YY | | <input type="checkbox"/> Living together <input type="checkbox"/> Living separately | |

Please enter information on all family members living in the same household, such as parents, brothers and sisters, excluding the child applying for childcare.

Please place a checkmark in the appropriate box based on whether the household members are residing in Kyoto City as of January 1, 2023.

3. Fill in the information on household members with disabilities. (Limited to the child(ren) for whom the application is being made and the members of the household listed in sections 1 & 2 on the front side of this application form)

| | |
|---|--|
| Is there anyone with a disability in your household? | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Please enter below) |
| Name | Jiro Kyoto |
| Choose the type of disability and fill in the disability class. | <input checked="" type="checkbox"/> Physical Disability <input type="checkbox"/> Health and Welfare with Mental Disorder <input type="checkbox"/> Receiving the Basic Disabled Person* <input type="checkbox"/> Rehabilitation Certificate <input type="checkbox"/> Receiving the Special Allowance <input type="checkbox"/> Disability support classification <input type="checkbox"/> Receiving day care support for children with disabilities* |

If the child(ren) for whom the application is made or other household member(s) has/have a disability, please check "Yes" and write the name and disability type of the person(s). Please attach a copy of a certificate of basic pension for persons with disabilities or a certificate for receiving welfare services for persons with disabilities/day care support for children with disabilities if such documents are issued.

If you are a single parent or you have one or more family members living separately, please indicate such persons and choose the reason for living separately.

4. Please indicate whether the child(ren) for whom the application is being made is/are (or will be) cared for by commissioned foster parents.

| | |
|---|---|
| Commissioned as foster parents (or a family home) | <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Scheduled (Starting: April 2023) |
| Receiving welfare benefits | <input type="checkbox"/> No |

If there is any family member living separately, please provide the address of the person(s)

Town, Nakagyo-ku, Kyoto

Please indicate whether you are a recipient of welfare benefits. If yes, please fill in the year and month when you began to receive benefits.

5. Grandparent status (Enter the name and address of the grandparent)

| | | | | | |
|--------------------------------------|--|-------------------------|--|---|---|
| Name | | | | Health condition | <input type="checkbox"/> Living together <input type="checkbox"/> Living separately <input checked="" type="checkbox"/> Deceased <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown |
| Address if he is living separately | | | | | |
| Name | Age | Occupation | Health condition | <input type="checkbox"/> Living together <input checked="" type="checkbox"/> Living separately <input type="checkbox"/> Deceased <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown | |
| Natsuko Kyoto | 58 | Unemployed | Currently hospitalized at XXX hospital for stomach cancer treatment | | |
| Address if she is living separately: | XXX Town, Nakagyo-ku, Kyoto | | | | |
| Name | Age | Occupation | Health condition | <input type="checkbox"/> Living together <input checked="" type="checkbox"/> Living separately <input type="checkbox"/> Deceased <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown | |
| Akio Hoiku | 63 | Office worker | Good | | |
| Address if he is living separately: | 123 OO Town, Setagaya-ku, Tokyo | | | | |
| Name | Age | Occupation | Health condition | <input type="checkbox"/> Living together <input checked="" type="checkbox"/> Living separately <input type="checkbox"/> Deceased <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown | |
| Fuyuko Hoiku | 60 | Part-time worker | Good | | |
| Address if she is living separately: | Same as above | | | | |

If a grandparent living together with the child is under 65 years old, you must submit his/her employment certificate or other documents to prove the reasons why the child requires the childcare services.

Place check the appropriate box. For a grandparent who has already passed away, please leave his/her name blank and check "Deceased."

date of approval.)

If childcare services are needed because of nursing care, please provide detailed information here.

required to fill in the boxes below only if applying for the use of childcare services.

for requiring childcare

Choose one reason why each parent wishes to use the childcare services.

| | | |
|------------|---|--|
| Father () | <input checked="" type="checkbox"/> Employment <input type="checkbox"/> Working on post-disaster restoration work <input type="checkbox"/> Job searching <input type="checkbox"/> School attendance <input type="checkbox"/> Other () | Disease/disability <input type="checkbox"/> Nursing/caring |
| Mother () | <input checked="" type="checkbox"/> Employment (including) <input type="checkbox"/> Working on post-disaster restoration work <input type="checkbox"/> Job searching <input type="checkbox"/> School attendance <input type="checkbox"/> Other () | |

If you are expecting, please check the box "Yes" and fill in the expected date of birth and planned schedule after giving birth.

If you check the box "Other," provide the relationship to the child in the parentheses.

| | |
|--|---|
| Scheduled delivery date (July 8, 2023) | Schedule after delivery <input type="checkbox"/> Acquire childcare leave (scheduled to end: around March 2024) <input type="checkbox"/> Return to work <input type="checkbox"/> Other () |
|--|---|

Note: This application form must be accompanied by a Personal ID Number (My Number) Declaration Form 1 (3).