

Qualification for receiving grants for preschool education and childcare services Application Form and Application for Childcare Service (Form 1 (2))

1. Date when you wish to begin/end using the childcare service, and desired childcare hours

Date when you wish to begin using the childcare service	<input checked="" type="checkbox"/> April 1, 2024 <input type="checkbox"/> MM/DD/YY	Date when you wish to end using the childcare service	<input checked="" type="checkbox"/> Until the child enters elementary school <input type="checkbox"/> MM/DD/YY
Desired childcare hours	From 8:30 a.m. / p.m. to 5:30 p.m.		

Please fill in the period for which you wish to use the childcare service.

2. Childcare facility you wish to use

ふりがな Name:	きょうと ゆうこ Yuko Kyoto	1st choice	XX Childcare center Ward: (Nakagyo-ku) Visit to the facility: <input checked="" type="checkbox"/> Done / <input type="checkbox"/> Not yet	Please fill in the desired childcare hours for the childcare facility of your first choice. Since childcare hours vary depending on the childcare facility, please check the childcare hours of your desired childcare facility in the "2024 List of childcare facilities" booklet.			
Date of birth:	MM/DD/YY	4th choice	ZZ Childcare center Ward: (Ukyo-ku) Visit to the facility: <input checked="" type="checkbox"/> Done / <input type="checkbox"/> Not yet				
Facilities other than the above	<input checked="" type="checkbox"/> Wish to use <input type="checkbox"/> Do NOT wish to use	(Enter the names of the facilities in order of preference.) YX Center for Early Childhood Education and Care, ZY Childcare center					
Current childcare status * Choose one option from ① to ⑭.	①	Facility being used if an option from ⑤ to ⑭ is selected	Facility name ()		<input type="checkbox"/> Wish to transfer from another childcare center/nursing school <input type="checkbox"/> Wish to transfer from a small-sized childcare facility		
ふりがな Name:		1st choice	Ward () Visit to the facility: <input type="checkbox"/> Done / <input type="checkbox"/> Not yet	3rd choice	Ward () Visit to the facility: <input type="checkbox"/> Done / <input type="checkbox"/> Not yet		
Date of birth:		4th choice	Ward () Visit to the facility: <input type="checkbox"/> Done / <input type="checkbox"/> Not yet	6th choice	Ward () Visit to the facility: <input type="checkbox"/> Done / <input type="checkbox"/> Not yet		
Adjustment will be made for all childcare facilities that you enter. If more than one facility is available for use, your child will be accepted into the facility ranked highest in the order of your choice.							
		Facility being used if an option from ⑤ to ⑭ is selected		Facility name ()		<input type="checkbox"/> Wish to transfer from another childcare center/nursing school <input type="checkbox"/> Wish to transfer from a small-sized childcare facility	
ふりがな Name:		1st choice	Ward () Visit to the facility: <input type="checkbox"/> Done / <input type="checkbox"/> Not yet	2nd choice	Ward () Visit to the facility: <input type="checkbox"/> Done / <input type="checkbox"/> Not yet	3rd choice	Ward () Visit to the facility: <input type="checkbox"/> Done / <input type="checkbox"/> Not yet
Date of birth:		4th choice	Ward () Visit to the facility: <input type="checkbox"/> Done / <input type="checkbox"/> Not yet	5th choice	Ward () Visit to the facility: <input type="checkbox"/> Done / <input type="checkbox"/> Not yet	6th choice	Ward () Visit to the facility: <input type="checkbox"/> Done / <input type="checkbox"/> Not yet
		Facility being used if an option from ⑤ to ⑭ is selected		Facility name ()		<input type="checkbox"/> Wish to transfer from another childcare center/nursing school <input type="checkbox"/> Wish to transfer from a small-sized childcare facility	

Please choose one of the options from (1) to (14) and fill in the number here. If you choose an option between (5) and (14), also fill in the name of the facility you are using.

* Current childcare status (Enter the facility name if an option from ⑤ to ⑭ is selected. Multiple answers allowed)

- ① The child is cared for by his/her father or mother at home. ② The child is cared for by his/her grandfather or grandmother.
 ③ The child is cared for by a relative other than his/her grandfather/grandmother.
 ④ The child is cared for by a relative other than his/her grandfather/grandmother.
 ⑤ Kindergarten/certified center for early childhood education
 ⑥ Small-sized childcare facility
 ⑦ Certified center for early childhood education
 ⑧ Small-sized childcare facility
 ⑨ Company-led childcare facility
 ⑩ Non-certified childcare facility
 ⑪ Others (Enter the name of the facility)

If the child has a sibling already attending a nursery school or another childcare facility, check either box in (1).
 If the child has a sibling for whom an application will be submitted at the same time, check the box for (2), indicate under what circumstances you would request childcare services for your children (When) and what kind of nursery school you would like them to be accepted into (Type of facility), and provide us with all other necessary information.

3 Reasons for request

The child's older sibling is already attending a childcare facility.	
The child's older sibling is already attending a childcare facility.	

Fill out this section if the child has a sibling who already attends or plans to attend a childcare facility

- (1) ☒ The child has a sibling already attending a childcare facility (from which he/she will not be graduating/withdrawing in the same year the applicant plans to begin Childcare center).
☒ I request the Childcare center attended by the child's sibling as my first choice. ☐ I request a Childcare center not attended by the child's sibling.
☐ If the child cannot be accepted into the same Childcare center as his/her sibling, I request the child's sibling to be transferred to another Childcare center. (Please provide the name of the Childcare center to which you request your child to be transferred in section 2 above.)
(2) ☒ The child has a sibling also requesting to be accepted into a childcare facility. (Please indicate under what circumstances you would request childcare services for your children (When) and what kind of Childcare center you would like them to be accepted into (Type of facility).)

When	<input type="checkbox"/> I request childcare services only if my children can be accepted into the same Childcare center at the same time. <input checked="" type="checkbox"/> I request childcare services only if my children can be accepted at the same time regardless of whether the same Childcare center will accept them. <input type="checkbox"/> I request childcare services whenever anything becomes available regardless of whether availability is limited to one child.	Is there a child you request to be prioritized? <input type="checkbox"/> Yes () • <input type="checkbox"/> No
Type of facility	<input checked="" type="checkbox"/> I request that my children be accepted into the same Childcare center, even if it requires sending them to a school lower down in my order of choice. <input type="checkbox"/> I request my children be accepted into a Childcare center higher in my order of choice, even if it requires sending them to different schools. <input type="checkbox"/> Other ()	How do you plan to provide childcare to the child who could not be accepted this time? () In addition, which type of Childcare center will you request for him/her in the future? (Only the same one as his/her sibling • A different one is also acceptable)

5. If you work as a childcare provider, etc. (Please submit a copy of a document that shows that you are a qualified worker.)

Place of work	The name of the certified ()
Qualified worker	<input type="checkbox"/> No <input type="checkbox"/> Yes (Circle the type of qualification you have.) Nursery teacher, public health nurse, nurse/assistant nurse, national registered dietitian, dietitian, licensed cook, kindergarten teacher,* elementary school teacher,* school nurse* * For childcare centers, certified centers for preschool education and childcare, and kindergartens offering childcare services only

If you checked the box for "Yes," please attach a copy of a document that proves you are a qualified worker. You will not receive additional points during adjustments if we cannot confirm your status as a qualified worker.

6. Taking the child to and picking him/her up from the facility (if the child attends the facility of the 1st choice)

Person who takes the child to and picks him/her up from the facility	Morning	Father, Mother, Father or mother, Grandfather, Grandmother, Other ()
	Evening	Father, (Mother), Father or mother, Grandfather, Grandmother, Other ()
Method and required time	Morning	Home to facility ⇒ 10 min. (on foot), by bicycle, bus, train, car, motorcycle
		(on foot), by bicycle, bus, (train), car, motorcycle

Please circle the main person who will be taking the child to and picking him/her up from the facility.

If you answered "Yes" to any of the questions here, please provide as much detailed information as possible.

7. Status of the child for whom the application is being made (If the child falls under any of the following categories, please fill in the name of the child and provide detailed information.)

Instruction/advice at the health examination at the health center	<input type="checkbox"/> 4 months old <input checked="" type="checkbox"/> 8 months old <input type="checkbox"/> 18 months old <input type="checkbox"/> 3 years old Name of the child (<u>Yuko</u>) { Advice/instruction on speech development
Disability certificate, etc.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Name of the child () Type of certificate (Disability certificate, rehabilitation certificate, etc.) Description {
Utilization of welfare service/ambulatory care for children with disabilities	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Name of the child () Type of service { <input type="checkbox"/> Welfare service <input type="checkbox"/> Ambulatory care
Allergy/special diet	If the child requires medical care (e.g., tubal feeding, phlegm suction) at a childcare facility, it is required to undergo an interview and/or submit a medical certificate. Contact your local ward office or branch office in advance. Applicants who wish to start using the childcare service in April (first adjustment) need to consult their local ward office or branch office by November 10, 2023.
Regular visit to hospital	If the child requires medical care (e.g., tubal feeding, phlegm suction) at a childcare facility, it is required to undergo an interview and/or submit a medical certificate. Contact your local ward office or branch office in advance. Applicants who wish to start using the childcare service in April (first adjustment) need to consult their local ward office or branch office by November 10, 2023.
Required medical care	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Name of the child (<u>Yuko</u>) Description { <u>Born with low birth weight, but now normal.</u>
* Is professional medical care required?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Name of the child (<u>Yuko</u>) Description { <u>Born with low birth weight, but now normal.</u>
Other points to be noted when the child spends time among other children	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Name of the child (<u>Yuko</u>) Description { <u>Born with low birth weight, but now normal.</u>
[If the child is under the age of three as of the requested starting date of approval]	
Pregnancy/childbirth status	(Name: <u>Yuko</u>) Pregnancy period (30 weeks) Weight at birth (<u>2,500</u> g) Height (<u>45</u> cm) (Name:) Pregnancy period week(s) day(s) Weight at birth (g) Height (cm)
Current status	(Name: <u>Yuko</u>) Weight (<u>10</u> kg) Height (<u>95</u> cm) (Name:) Weight (kg) Height (cm)

Please check the health examinations the child has already taken. In the case of siblings applying at the same time, please indicate which child has completed which health examination, and what kind of instruction/advice was given for which examination.

The status of the child applying is necessary for considering acceptance of the childcare facility, so please fill in each item in as much detail as possible for the child in question.

If the child is under the age of three as of the requested starting date of approval, please provide information on his/her height and weight at birth and at present.

If you are applying for multiple children, please enter the children's names so that we can tell which information is for which child.

* For children who require medical care, advance consultation with your local ward office/branch office by November 11, 2023.

* To ensure the provision of more appropriate education/nursing services, Kyoto City may provide specific education/nursing facilities with applicants' information, including adjustments for the use of facilities, selection of facilities, and requests by applicants.

8. Other (Enter here if there is anything special to note.)

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