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## Reasons for applying for the childcare services

Date: MM/DD/YY

• 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.

Example

(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.")

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

Reasons why	ltem		Circle one of the following.						
childcare service is required			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 grandchild □ Relative ☑ Employee		* If you are self- employed, submission of a document(s) that objectively identifies the business content, such as he notification of opening business, your operating icense, or a copy of your		
	Workplace location		□ Home ☑ Outside home ( -ku City)		□ Home ☑ Outside home ( -ku City)				
	Name of (planned) workplace		XX Company		Please fill out and attach the Schedule Form only if you are working irregular shifts and Item No. 6 "Major working hours/shift working hours" on				
	Type of work		Sales representative				ax return, may be equired.		
	Weekdays		8:30~ 17:30				counted.		
	Working hours	Saturdays	: ~	:		ployment Certifica			
		Work break	<b>60</b> n	nin.	60	min.			
	Irregular working shifts		(monthly	e type of wage , daily, or per-hou	r 🗆 Yes	s 🗹 No	7	* Please submit this form only if you are	
	Shortened	Availability	amount	and enter the of the wage. If	☑ Yes	s 🗆 No		working irregular shifts and Item No. 6 "Major	
	working hour program	Working hours under the program	you, spe	hese applies to cify in the "Other"	9:30~	16:3	0	working hours/shift working hours" on your	
		Period	Until [MM/ section.		Until October 20	21		Employment Certificate is blank For night shifts and	
		Monthly average	ge <b>210.000</b> yen <b>135.000</b> yen		<b>)0</b> yen		overnight stays, please		
	Wage	Amount	Daily wage Other ( )		r work involves night shifts or ight stays, please indicate the <sup>'en</sup> ige number of times per month you		month that you work		
	Working Monthly days average		22 days		20 days		<ul><li>past 10:00 PM.</li><li>* Enter the time required for</li></ul>		
	days	average	LL	lays	20	days			
		×	□ No ☑ Yes (No. of times)	4 times/month on av			ı on avg.	* Enter the time required for travelling to your workplace directly from your home. If an	
	No. of Night S	Shifts per Month Commuting method		4 times/month on av		es) times/month	ı on avg.	travelling to your workplace directly from your home. If an objective analysis proves that you should be able to commute in a shorter time	
		Shifts per Month Commuting method Closest train/bus station from home	□ No ☑ Yes (No. of times) □ Car ☑ Train □ Bus	4 times/month on av	. ℤ No □ Yes (No. of tim □ Car □ Train □ □ On foot ☑ Othe	es) times/month	ı on avg.	travelling to your workplace directly from your home. If an objective analysis proves that you should be able to	
	No. of Night S Commuting route	Shifts per Month Commuting method Closest train/bus station from home Closest train/bus station from workplace	□ No ☑ Yes (No. of times) □ Car ☑ Train □ Bus □ On foot □ Other ( <i>Nijojo-mae</i> <i>Shijo St</i>	4 times/month on av, 5 □ Bicycle ) 2 Station Pation	. Z No Yes (No. of tim Car Train C On foot Z Othe <i>Karasun</i> Imade	es) times/month Bus Bicycle er (Motorbike ) ni Oike Station gawa Station		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.	
	No. of Night S Commuting route Commu	Shifts per Month Commuting method Closest train/bus station from home Closest train/bus station from workplace ting time*	□ No ☑ Yes (No. of times) □ Car ☑ Train □ Bus □ On foot □ Other ( <i>Nijojo-mae</i>	4 times/month on av	. Z No Yes (No. of tim Car Train C On foot Z Othe <i>Karasun</i> Imade	es) times/month Bus Bicycle er (Motorbike ) ni Oike Station gawa Station		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	
	No. of Night S Commuting route Commu Name of	Shifts per Month Commuting method Closest train/bus station from home Closest train/bus station from workplace	□ No ☑ Yes (No. of times) □ Car ☑ Train □ Bus □ On foot □ Other ( <i>Nijojo-mae</i> <i>Shijo St</i>	4 times/month on av, 5 □ Bicycle ) 2 Station 30 min	. Z No Yes (No. of tim Car Train C On foot Z Othe <i>Karasun</i> Imade	es) times/month Bus Bicycle er (Motorbike ) ni Oike Station gawa Station		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.	
	No. of Night S Commuting route Commu Name of	Shifts per Month Commuting method Closest train/bus station from home Closest train/bus station from workplace ting time* Cdisability/	□ No ☑ Yes (No. of times) □ Car ☑ Train □ Bus □ On foot □ Other ( <i>Nijojo-mae</i> <i>Shijo St</i> <b>0</b> hr.	4 times/month on av, 5 □ Bicycle ) 2 Station 30 min	. Z No Yes (No. of tim Car Train C On foot Z Othe <i>Karasun</i> Imade	es) times/month Bus Bicycle er (Motorbike ) ni Oike Station gawa Station hr. 20		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.	
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sability (of parent(s))	No. of Night S Commuting route Commu Name of dis Disability/ disease certificate St Period of	Shifts per Month Commuting method Closest train/bus station from home Closest train/bus station from workplace ting time* Closability/ sease Yes/No Type of certificate	No ☑ Yes (No. of times)     Car ☑ Train □ Bus     On foot □ Other ( <i>Nijojo-mae Shijo St</i> O hr.     O hr.     Cance	4 times/month on av, 3 □ Bicycle ) 2 Station ation 30 min 2er 2 No ass: )*1 Person with Mental Disorder Disabled Person ndent's Allowance ) visit □ Home healthcar		es) times/month  Bus Bicycle er (Motorbike )  ni Oike Station  gawa Station  hr. 20  s Do ate (Class: )*1 ate of Person with Mental Diss n for a Disabled Person  l Dependent's Allowance )	order If yo trea	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. 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) *1: For a physical disability certificate or mental disability u are receiving tment at home,	
ss/disability (of parent(s))	No. of Night S Commuting route Commu Name of dis Disability/ disease certificate	Shifts per Month Commuting method Closest train/bus station from home Closest train/bus station from workplace ting time* Cdisability/ sease Yes/No Type of certificate atus	No	4 times/month on av, 5 □ Bicycle ) 2 Station ation 30 min ser 2 No ass: )*1 Person with Mental Disorder Disabled Person ndent's Allowance ) visit □ Home healthcan D/YY		es) times/month  Bus □ Bicycle er (Motorbike )  ni Oike Station gawa Station hr. 200 the content of the second sec	order If yo treat	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. 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) *1: For a physical disability certificate or mental disability <b>u are receiving</b>	
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Sickness/disability (of parent(s))	No. of Night S Commuting route Commu Name of dis Disability/ disease certificate St Period of the status above Frequency o	Shifts per Month Commuting method Closest train/bus station from home Closest train/bus station from workplace ting time* Closest train/bus station from workplace ting time* Closest train/bus station from workplace ting time* Closest train/bus station from workplace ting time* Closest train/bus station from years Yes/No Type of certificate atus From To f hospital visit	No	4 times/month on av, 3 □ Bicycle ) 2 Station ation 30 min 2er 2 No ass: )*1 Person with Mental Disorder Disabled Person ndent's Allowance ) visit □ Home healthcar D/YY D/YY 2 3 days/ □ 3 days/ □ 1 fyou		es) times/month  Bus Bicycle er (Motorbike )  ni Oike Station gawa Station hr. 200 the class: )*1 ate of Person with Mental Dise n for a Disabled Person Dependent's Allowance ) spital visit □ Home he M/DD/YY M/DD/YY the class is a state of the cl	order If yo treat	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. 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) *1: For a physical disability certificate or mental disability certificate at home, use fill in the	
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Reasons why childcare service is required		ltem		Circle				
				Status of father / other ( ) Status of mother / of		Status of mother / other ( )	Required documents	
Caring/nursing for family member(s) of a family member with a disability or who needs care (including accompanying them to school, etc.), nursing of a sick family member	needs ool, etc.),	Family member who requires nursing care				Toyo Kyoto	Copy of the medical certificate, rehabilitation certificate, or nursing-care insurance card (showing the	
	Date of birth of the person being cared for		MM/DD/YY		MM/DD/YY	name of the sick/disabled person, the category of the		
	Relationship to the child				Great-grandmother	condition of need of long-term care) of the person being cared		
ly m€	disability /ing them ly member	Living together separately If yo		vou are certified as being in		□ Together ☑ Separately	for * For a physical disability	
Caring/nursing for family member(s) Nursing of a family member with a disability or wh long-term care (including accompanying them to sch	nember with a ng accompany of a sick famil	Address o being o (Only if he	f the per ne cared for ca /she is liv rately) lo	d of care, you may enter the egory of your certification of g-term care need instead of the ne of your disease.		456 XX Town, Uji City	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.	
	family n (includi nursing	Name of diseas disability*		nie of your disease.		Care level 3		
	Nursing of a long-term care	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 ( )		<ul> <li>Caring at home  Accompanying to hospital</li> <li>Attending at the hospital</li> <li>Short-term stay at a nursing care facility</li> <li>Visiting care facilities ( days/week)</li> <li>Others ( )</li> </ul>	Schedule Form	
	king on	Type of disaster		<ul> <li>✓ Fire □ Flood □ Earthquake</li> <li>□ Others (</li> </ul>	Z Fire □ Flood □ Earthquake □ Fire □ Flood □ Earthquake		Victim's certificate	
	disaster oration	Period necessary for	From	MM/DD/YY		MM/DD/YY	-	
W	/ork	restoration work	То	MM/NN/VV		MM/DD/YY		
-	Job		ob searching	Check all that apply.		<ul> <li>Attending job fairs or job interviews</li> <li>Registered with public employment office (Hello Work) and/or private temporary staff agency</li> <li>Other ( )</li> </ul>	Job search form, document to prove details of job search (Hello Work card [copy], etc.)	
		Name of school		XX Welfare School			Certificate of enrollment, or student certificate	
		Address		XX, YY Town, Nakagyo-ku Kyoto City				
		Period of study	From	MM/DD/YY MM/DD/YY		MM/DD/YY	-	
			То			MM/DD/YY	-	
		Days of	No. of days/we	5 days/week		days/week	School's timetable or	
	raining/	attending school	School hou	s 8:30~ 16:3	\$0 <b>~</b>	Please fill in the average class hou	Form burs.	
	hool hdance	Public financial support	Status	□ Receiving ☑ Not receiv	ving		ļ	
			Provider	K		If you are receiving public financia	nization that	
	-		Name & details of			please fill in the name of the organ		
		Commuting route	Commutin method	$\Box Car \square Train \square Bus \square Bicycle  \Box On foot \square Other ()$		□ c provides the support and details o	ing could	
			Closest train/bu station from hor	Niloio-mae Station			be significantly shorter	
			Closest train/bu station from scho	Marutamachi Station			from an objective standpoint, your	
	-	Commu	ting time*		<b>0</b> min.	hr. min.	application may not be approved.	
		Expected date of childbirth		□ Date of childbirth ☑ Expected date of a	childbirth	MM/DD/YY	Copy of maternity	
Preg	inancy/	Planned	Status	☑ Take childcare leave □ Return to work □ Other (			passbook (cover page and the page showing	
chil	dbirth	schedule after childbirth	Period of childcare/	MM/DD/YY		If you have already given birth, pleadate of the childbirth.	ase enter the h	
	tinued	Birth date of the child for whom MM/DD/						
facility the cl le (If y apply returnin	of the y during hildcare eave rou are ring after ng to work	You c Cl childo childo alread under	are servic are leave, dy using a three yea	y for continuous use of es during your except if you are facility for children s old and are applying		(In the case of applying for a change f enrolled at a childcare facility) If both parents are taking childcare lea application is for "Continued use of the childcare leave," please fill in the colu	ave and the ate e facility during 1	
leave, in the "l	childcare please fill Employed" lumn)			ty that accepts older IAvailable		□ Not available □Available Until MM/DD/YY		