

Example 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.
(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.		Required documents		
		Status of father / other ()	Status of mother / other ()			
Employed	Employment type	<input checked="" type="checkbox"/> Regular worker <input type="checkbox"/> Temporary worker <input type="checkbox"/> Daily worker <input type="checkbox"/> Part-time worker <input type="checkbox"/> Contract worker <input type="checkbox"/> Temporary agency worker <input type="checkbox"/> Piecework at home <input type="checkbox"/> Agriculture <input type="checkbox"/> Self-employed <input type="checkbox"/> Family-worker	<input type="checkbox"/> Regular worker <input type="checkbox"/> Temporary worker <input type="checkbox"/> Daily worker <input checked="" type="checkbox"/> Part-time worker <input type="checkbox"/> Contract worker <input type="checkbox"/> Temporary agency worker <input type="checkbox"/> Piecework at home <input type="checkbox"/> Agriculture <input type="checkbox"/> Self-employed <input type="checkbox"/> Family-worker	Employment Certificate (If you work for more than one workplace, please obtain a certificate from all of your workplaces.) * If you are self-employed, submission of a document(s) that objectively identifies the business content, such as the notification of opening business, your operating license, or a copy of your tax return, may be required.		
	Relationship to the employee	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Child or grandchild <input type="checkbox"/> Relative <input checked="" type="checkbox"/> Employee	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse <input type="checkbox"/> Child or grandchild <input type="checkbox"/> Relative <input checked="" type="checkbox"/> Employee			
	Workplace location	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Outside home (-ku City)	<input type="checkbox"/> Home <input checked="" type="checkbox"/> Outside home (-ku City)			
	Name of (planned) workplace	XX Company				
	Type of work	Sales representative				
	Working hours	Weekdays	8 : 30 ~ 17 : 30		8 : 30 ~ 17 : 30	
		Saturdays	: ~ :		: ~ :	
		Work break	60 min.		60 min.	
	Irregular working shifts	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Schedule Form * Please submit this form only if you are working irregular shifts and Item No. 6 "Major working hours/shift working hours" on your Employment Certificate is blank. For night shifts and overnight stays, please indicate the average number of times per month that you work past 10:00 PM. * 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.	
	Shortened working hour program	Availability	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
		Working hours under the program	9 : 30 ~ 16 : 30			
		Period	Until [MM/DD] Until October 2021			
	Wage	Monthly average	210,000 yen			135,000 yen
		Amount	<input checked="" type="checkbox"/> Monthly wage <input type="checkbox"/> Daily wage <input type="checkbox"/> Hourly wage Other ()			<input type="checkbox"/> Monthly wage <input type="checkbox"/> Daily wage <input type="checkbox"/> Hourly wage Other ()
Working days	Monthly average	22 days	20 days			
No. of Night Shifts per Month	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (No. of times) 4 times/month on avg.		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (No. of times) times/month on avg.			
Commuting route	Commuting method	<input type="checkbox"/> Car <input checked="" type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Bicycle <input type="checkbox"/> On foot <input type="checkbox"/> Other ()	<input type="checkbox"/> Car <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Bicycle <input type="checkbox"/> On foot <input checked="" type="checkbox"/> Other (Motorbike)			
	Closest train/bus station from home	Nijojo-mae Station				
	Closest train/bus station from workplace	Shijo 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) *1: For a physical disability certificate or mental disability certificate		
	Disability/disease certificate	Yes/No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		Type of certificate	<input type="checkbox"/> Physical Disability Certificate (Class:) *1 <input type="checkbox"/> Health and Welfare Certificate of Person with Mental Disorder (Class:) *1 <input type="checkbox"/> Receiving the Basic Pension for a Disabled Person <input type="checkbox"/> Rehabilitation Certificate <input type="checkbox"/> Receiving the Special Child Dependent's Allowance <input type="checkbox"/> Other ()			
	Status	<input type="checkbox"/> Hospitalized <input checked="" type="checkbox"/> Hospital visit <input type="checkbox"/> Home healthcare				
	Period of the status above	From	MM/DD/YY			
		To	MM/DD/YY			
	Frequency of hospital visit (average)	<input type="checkbox"/> days/month <input checked="" type="checkbox"/> 3 days/week				
	Limitations in daily life	Yes/No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No *2			
		Details of the limitations (Be specific)	<input checked="" type="checkbox"/> Work <input type="checkbox"/> Housework <input type="checkbox"/> Childrearing <input type="checkbox"/> Other ()			
			I cannot move my body actively.			

* Please turn over.

Reasons why childcare service is required		Item	Circle one of the following.		Required documents	
			Status of father / other ()	Status of mother / other ()		
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		MM/DD/YY			
	Relationship to the child		Great-grandmother			
	Living together separately		<input type="checkbox"/> Together <input checked="" type="checkbox"/> 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		<input type="checkbox"/> Caring at home <input type="checkbox"/> Accompanying to hospital <input type="checkbox"/> Attending at the hospital <input type="checkbox"/> Short-term stay at a nursing care facility <input type="checkbox"/> Visiting care facilities (days/week) <input type="checkbox"/> Others ()		<input checked="" type="checkbox"/> Caring at home <input type="checkbox"/> Accompanying to hospital <input type="checkbox"/> Attending at the hospital <input type="checkbox"/> Short-term stay at a nursing care facility <input type="checkbox"/> Visiting care facilities (days/week) <input type="checkbox"/> Others ()		Schedule Form
Working on post-disaster restoration work	Type of disaster		<input checked="" type="checkbox"/> Fire <input type="checkbox"/> Flood <input type="checkbox"/> Earthquake <input type="checkbox"/> Others ()		Victim's certificate	
	Period necessary for restoration work	From	MM/DD/YY			
		To	MM/DD/YY			
Job searching	Status of job searching		<input checked="" type="checkbox"/> Attending job fairs or job interviews <input checked="" type="checkbox"/> Registered with public employment office (Hello Work) and/or private temporary staff agency <input type="checkbox"/> 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	MM/DD/YY			
		To	MM/DD/YY			
	Days of attending school	No. of days/week	5 days/week		School's timetable or Form	
		School hours	8 : 30 ~ 16 : 30			
	Public financial support	Status	<input type="checkbox"/> Receiving <input checked="" type="checkbox"/> Not receiving		If you are receiving public financial support, please fill in the name of the organization that provides the support and details of the grant.	
		Provider				
	Commuting route	Commuting method	<input type="checkbox"/> Car <input checked="" type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Bicycle <input type="checkbox"/> On foot <input type="checkbox"/> Other ()		If you are receiving public financial support, please fill in the name of the organization that provides the support and details of the grant.	
		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		<input type="checkbox"/> Date of childbirth <input checked="" type="checkbox"/> Expected date of childbirth		Copy of maternity passbook (cover page and the page showing of birth)	
	Planned schedule after childbirth	Status	<input checked="" type="checkbox"/> Take childcare leave <input type="checkbox"/> Return to work <input type="checkbox"/> Other ()			
		Period of childcare/maternity leave	MM/DD/YY			
Continued use of the facility during the childcare leave (If you are applying after returning to work after childcare leave, please fill in the "Employed" column)	Birth date of the child for whom you have taken childcare leave		MM/DD/YY		(In the case of applying for a change for children enrolled at a childcare facility) If both parents are taking childcare leave and the application is for "Continued use of the facility during childcare leave," please fill in the columns for both the	
	Childcare leave	Childcare leave		<input type="checkbox"/> Not available <input type="checkbox"/> Available Until MM/DD/YY		
		MM/DD/YY				