

Qualification for Receiving Grants for Preschool Education and Childcare Services Application Form and Application for Childcare Service (Form 1 (2))

To: The Mayor of Kyoto City

Do not use an erasable pen when filling out this form.

Agreement:

- In order to offer you appropriate educational/childcare services, Kyoto City will provide certain educational/childcare facilities with information concerning 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.
- 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.
- 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.
- If your use of the service has already been approved, we will not issue an approval certificate even if you make an application again.
- If we are asked to investigate the details of an application for childcare, Kyoto City will provide information to Hello Work.

[For official use only]

Leave blank

0. 1. 2. 3. 4. 5. Graduated

Please also fill in the furigana (phonetic reading).

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. Please refer to the sample when filling out the form.

Application date	MM/DD/YY
Date of birth	MM/DD/YY

Name of applicant (parent) (Sign or affix his/her seal beside)	ふりがな きょうと たろう Taro Kyoto
Address	〒100-0001 東京都千代田区千代田
Telephone	Home (123 - 0000) Mobile (080 - △△△△)

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.

(New address [scheduled]:)

Telephone (Place a checkmark next to the number where you would like to receive calls from the ward office/branch office.)

Home (123 - 0000) Mobile (080 - △△△△)

Please also fill in the furigana (phonetic reading).

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

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

Requested starting date of approval	<input checked="" type="checkbox"/> April 1, 2026 <input type="checkbox"/> MM DD, YY	Relationship to the applicant	Type
Child(ren) for whom the application is being made	ふりがな きょうと ゆうこ Yuko Kyoto (Date of birth) MM/DD/YY	1st daughter	<input type="checkbox"/> Education (Type 1) facilities () <input type="checkbox"/> Company-led childcare facilities () <input checked="" type="checkbox"/> Childcare (Type 2, 3)
			<input checked="" type="checkbox"/> Standard hours (8.5-11 hours) <input type="checkbox"/> Shortened hours (8 hours)

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.)

* If you are applying for childcare services for three or more children, you must submit two copies of Form 1(2) "Qualification for Receiving Grants for Preschool Education and Childcare Services Application Form and Application for Childcare Use (2/2)."

2. Members of the household (excluding the child(ren) for whom the application is being made / including family members living separately but sharing the same living expenses)

Relationship to the applicant	Name	Date of birth	Occupation or school	Living together with/separately from the child	Address as of January 1, 2025
Applicant	ふりがな きょうと たろう Taro Kyoto	●●MM, ●●DD, ●●YY	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
Wife	ふりがな きょうと はなこ Hanako Kyoto	●●MM, ●●DD, ●●YY	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
1st son	ふりがな きょうと じろ Jiro Kyoto	●●MM, ●●DD, ●●YY	Elementary School	<input checked="" type="checkbox"/> Living together <input type="checkbox"/> Living separately	<input checked="" type="checkbox"/> In Kyoto City
2nd son	ふりがな きょうと さぶろう Saburo Kyoto	●●MM, ●●DD, ●●YY	Childcare Center	<input type="checkbox"/> Living together <input type="checkbox"/> Living separately	<input type="checkbox"/> In Kyoto City <input type="checkbox"/> Outside of Kyoto City

Please also fill in the furigana (phonetic reading).

Please place a checkmark in the appropriate box based on whether the household members are residing in Kyoto City as of January 1, 2025.

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

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 () *
Reason for living separately	<input type="checkbox"/> In the middle of divorce <input type="checkbox"/> School at () <input type="checkbox"/> Yes (father)
Address of person living separately, if applicable	123 OO Town, Nakagyo-ku, Kyoto
Commissioned as foster parents (or a family home)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Scheduled (Starting:)
Receiving welfare benefits	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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.

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

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.

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

Please indicate whether you are a recipient of welfare benefits. If yes, please fill in the start date (year and month) and the name of the caseworker in charge

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

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

Paternal grandfather	Name		Age	Occupation	Health condition	<input type="checkbox"/> Living together <input type="checkbox"/> Living separately <input type="checkbox"/> Deceased <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown
	Address if he is living separately:					
Maternal grandmother	Name	Fuyuko Hoiku	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
	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.

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

6. Reason for requiring childcare (Select one reason why each parent wishes to use the childcare services.)

Father Other ()	<input checked="" type="checkbox"/> Employment (including post-disaster restoration work) <input type="checkbox"/> Job searching <input type="checkbox"/> School attendance <input type="checkbox"/> Other () <input type="checkbox"/> Working on post-disaster restoration work <input type="checkbox"/> Job searching <input type="checkbox"/> School attendance <input type="checkbox"/> Other ()
Mother Other ()	<input checked="" type="checkbox"/> Employment (including post-disaster restoration work) <input type="checkbox"/> Job searching <input type="checkbox"/> School attendance <input type="checkbox"/> Other () <input type="checkbox"/> Working on post-disaster restoration work <input type="checkbox"/> Job searching <input type="checkbox"/> School attendance <input type="checkbox"/> Other ()
Expected date of birth	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Scheduled delivery date (July 8, 2026) Schedule after delivery <input type="checkbox"/> Acquire childcare leave (scheduled to end: around July 2027) <input type="checkbox"/> Return to work <input type="checkbox"/> Other ()

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

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.

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