Notice of Situation Relating to Usage Benefits for Childcare Facilities, etc.

[Notice indicates agreement to the following]

- 1. Government or municipal offices may demand perusal of necessary documents or submission of necessary materials when investigating approval of benefits for use of facilities, etc., or confirming the residence tax payment status of the applicant and cohabiting family members according to the provisions of Article 16 of the Act on Child and Child Support, which applies mutatis mutandis to Article 30-3 of the Act
- which applies mutatis mutandis to Article 30-3 of the Act.

 The content recorded in the notice etc., may be provided to facilities or business operators if it is deemed that this is information concerning approval of benefits for use of facilities, etc., payment of usage fees of facilities, etc., or collection of meal fees by the facility, and it is necessary to do so.
- 3. Usage fees of facilities, etc., may be received by the facility or business used in place of the notifier if approved by the
- City
 4. If there is a discrepancy between the content of the notice and the facts, approval of benefits for use of facilities, etc.,
 may be revoked

I agree to the above as I wish for benefits for use of facilities, etc., for a kindergarten, a certified center for early childhood education, or a special needs school (including extended-hours childcare businesses* i), a non-authorized childcare facility, a temporary childcare business, a childcare business for sick children, or a childcare support business due to a parent or guardian's employment, illness, or other reason to continue. Thus, I hereby apply give notice as follows, according to Article 30-7 of the Act on Child and Child Support.

*1 Extended-hours childcare business includes childcare businesses operated by usable non-authorized childcare facilities if said kindergarten, etc., meets either criteria (1) or (2). (1) less than 8 hours provided on week days, including school hours (2) open less than 200 days per year

							Requ	uested	date o	of approv	a l	/	/ (MM/DD/YYYY)
Notifi er	Name				Relation Seal with app chil			Current address	-)8- shimurayama	-shi		
	ime contact		*Seal not required if signed. (telephone number) *precisely			te	in the or	der in	which	Voll can	he rea	c Date of	hirth
	(1)		CEOTOPHONO HAMBO	Father, moth father's work, mother's work, home, other (her, place, place,	(2)		401 111	WIII 011	Father's w mother's w hom othe	mother, orkplace, orkplace, e,	/	/ (MM/DD/YYYY)
Approved child	Name				Current address ly include erent fro applicant	S e if m the	₸	_				Date of	(MM/DD/YYYY)
Name of facility used				Type	of se	rvio	e used				Add	dress	
				Extended-hours childcare, non- authorized childcare, temporary childcare, childcare for sick children, childcare support Ph. — —									
Extended-hours childca authorized childcare, childcare, childcare f childcare support					e, ter e for	mporary sick child	ren, Ph.	-	- 	_			
Extended-hours childcare, non- authorized childcare, temporary childcare, childcare for sick child childcare support						⊤ ^{ren,} Ph.	-	- 	_				
List any	coha	abitants	other than thos	e stated ab	ove.								
Parents applica			Name		tionshi with ild in ication		Date of birth			kind	oyer, school, or ergarten, or solo esfer destination	Nursing approval or disability handbook	
Parents, guardians, and cohabitants of the applicant child	1						/		(MM	/DD/YYYY)			Included
ns, and	2						/		(MM	/DD/YYYY)			Included
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Approval classificati on		approval	is sought (2)			it yo				i te	ease check the box below if tem 3 to the left applies to bu, and your household is kempt from residence tax.		
												Exempt from re	sidence tax
*Complete the reverse as well.													

Reason childcare is required, etc.

	Relation	Reason for requirement					
		□Employment □Illness/disability □Nursing care □Disaster recovery □Job-hunting activities					
	Father	□Education □Abuse/domestic violence □Absence (death, divorce, unmarried, separated, other ())					
Reason		Specific circumstances (only state specific circumstances relating to nursing care factors)					
childcare is required		□Employment □Pregnancy/birth □Illness/disability □Nursing care □ Disaster recovery □Job-hunting activities					
	Mother	□Education □Abuse/domestic violence □Absence (death, divorce, unmarried, separated, other ()) Specific circumstances (only state specific circumstances relating to nursing care factors)					
		opecific circumstances (only state specific circumstances relating to nursing care factors)					

Attached documents (attach the following documents if relevant)

ALL	Lacrica documents (accaon the forfowing accaments	
1	Employment (including plans)	Certificate of employment (submit I copy for each parent or guardian (both mother and father). In the case of a job offer, provide evidence of such)
2	Period surrounding birth (the five-month period of the month in which the baby is due and the 2 months to either side)	Copies of cover of maternity passbook and page indicating due date, or a medical certificate from a physician
3	Sick parent or guardian	Medical certificate for relevant party from a physician (stating that it is difficult to engage in childcare due to relevant illness or injury)
4	Disabled parent or guardian	If a passbook, etc., has been issued for the disability — a copy of either the physical disability passbook, treatment passbook, or mental disability health and welfare passbook (copy of sections that include the passbook number and name of disability, etc., and sections from which the holder can be identified) If no passbook, etc., has been issued — a medical certificate
5	Parent or guardian engaged in nursing care	Document indicating the need for nursing care (medical certificate or copy of nursing care insurance card, etc.)
6	Parent or guardian engaged in education	Student card (if enrollment is planned for the future, then acceptance notification, etc.)
7	Parent or guardian seeking work	Job-seeker application and pledge (consult the City if applicable)