

To: Mayor of Musashimurayama City

Application for Certification of Childcare Facility Use Benefits

[Matters agreed upon]

- Based on the provisions of Article 16 of the Child and Childcare Support Act, as applied mutatis mutandis by Article 30-3 of the same Act, We may ask public offices to allow us to view necessary documents or to provide us with related materials for screening of the benefit certification for facility use and verifying the municipal tax records of the applicant and his/her family members residing in the same house.
- The content recorded in the application form, etc., may be provided to the facility and/or its operator when they are deemed necessary as information related to the benefit certification for facility use, grant of the Subsidy for Childcare fees, or collection of meal fees by the facility.
- Usage fees for facilities, etc., may be received by the facility or operators on behalf of the applicant if approved by the Mayor of municipality.
- Due to the high volume of accreditation work during the year's early months, the notification of results may be postponed regardless of the application date, until the day before the start of use at the latest, should the use of the services begin in April of the new fiscal year in accordance with Article 30-5, Paragraph 5 of the Act on Child and Child Support.
- If there is a discrepancy between the content of the application and the factual reality, the Certification of Child Care Facility Use Benefits may be
- If you are using facility (company-led child care facility) under Article 59-2 of the Act on Child and Childcare Support as of the Desired certification date, you cannot apply for this certification.

I agree to the above as I seek approval of 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*1), a non-licensed 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. Thus, I hereby apply for approval of benefits for use of facilities, etc., as follows, according to Article 30-5, Paragraph 1 of the Act on Child and Child Support.

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

				Desired certification starting date (use)		/ / (MM/DD/YYYY)	
Applicant	Name	Seal	Relationship with the applicant child	Current address	〒208- Musashimurayama-shi		
	*Seal not required if signed.			If the current address is in a nother city, write the address after moving to this city			
	Daytime contact (Phone number) *precisely write in the order in which you can be reached.				Date of birth	/ / (MM/DD/YYYY)	
	(1)	Father's cell phone, mother's cell, father's workplace, mother's work, home, others ()	(2)	Father's cell phone, mother's cell, father's workplace, mother's work, home, others ()	Personal identification number (my number)		
Applicant Child	Name	Seal	Relationship with the applicant child	Current address	〒 -		
	*Seal not required if signed.			Date of birth	/ / (MM/DD/YYYY)		
Name of facility used				Address of facility	〒 - Ph. ()		
				Starting date of use or planned use	/ / (MM/DD/YYYY)		

List any cohabitants other than those stated above.

*If the following Certification classification (Type3) applies, include the personal identification numbers (my numbers) of the parents and grandparents.

Parent or guardian of child and any cohabitants (circle the number of the main person responsible)	Name	Relationship with the applicant child	Date of birth	Employer, school, or kindergarten, or solo transfer destination	Certified for Long-term Care Need or Disability Certificate
	1		Personal identification number / / (MM/DD/YYYY)		☐ Yes
2			Personal identification number / / (MM/DD/YYYY)		☐ Yes
3			Personal identification number / / (MM/DD/YYYY)		☐ Yes
4			Personal identification number / / (MM/DD/YYYY)		☐ Yes
5			Personal identification number / / (MM/DD/YYYY)		☐ Yes

Certification classification	Those who only use the standard education hours of kindergarten and do not use after-hours childcare services, and those who do not meet the reasons for requiring childcare services (those who are not eligible for Type 2 or 3 Certification)		Please check the box below if Type 3 to the left applies to you, and your household is exempt from residence tax.
	☐ Seeks to use kindergarten, etc (Type1).		
	Both parents must be eligible for the reasons for requiring childcare services. ☐ The first March 31 after the child turns 3 years of age has passed as of the desired certification date (Type2). ☐ The child has turned 3 years of age but the first March 31 has not yet passed as of the desired certification date (Type3).		
		☐ Exempt from residence tax	

Please fill in below if the "Certification classification" above is (Type3).

Address as of January 1 of the year prior to the requested date of approval*2	(Mother)	☐ Same as current address	(Father)	☐ Same as current address
Address as of January 1 of 2 years prior to the requested date of approval*3	(Mother)	☐ Same as current address	(Father)	☐ Same as current address

*2 and *3 If this address differs from your current address, attach a certificate (taxation certificate, etc.) identifying the amount of income-based levy of residence tax for the fiscal year containing January 1 of the previous year issued by the municipality of the stated address.

***If you use extended-hours childcare and you require childcare (people who use a non-licensed childcare facility, a temporary childcare business, a childcare business for sick children, or a childcare support business (including future plans)) fill in the back side.**

(Back)

Please fill in if you use a non-licensed childcare facility, a temporary childcare business, a childcare business for sick children, or a childcare support business (including future plans).

Facility name	Type of service used	Address	Starting date of use or planned use
	Non-licensed childcare, temporary childcare, childcare for sick children, childcare support	- Ph. - -	/ / (MM/DD/YYYY)
	Non-licensed childcare, temporary childcare, childcare for sick children, childcare support	- Ph. - -	/ / (MM/DD/YYYY)

Reason for Requiring Childcare Services

Reason for requiring childcare services	Relation	Reason for requirement
	Father	☐ Employment ☐ Childcare leave ☐ Illness/disability
		☐ Caregiving or Providing long-term care for a Family Member ☐ Disaster recovery
		☐ seeking employment ☐ School Attendance ☐ Abuse/domestic violence ☐ Absence (death, divorce, unmarried, separated, other ()) Specific details (e.g., name of employer, work schedule, commute time, details of medical condition, etc.)
Mother	☐ Employment ☐ Childcare leave ☐ Pregnancy/childbirth ☐ Illness/disability	
	☐ Caregiving or Providing long-term care for a Family Member ☐ Disaster recovery	
	☐ seeking employment ☐ School Attendance ☐ Abuse/domestic violence ☐ Absence (death, divorce, unmarried, separated, other ()) Specific details (e.g., name of employer, work schedule, commute time, details of medical condition, etc.)	

Attached documents (attach the following documents if relevant)

1	Employment (including plans)	Certificate of employment (submit 1 copy for each parent or guardian (both mother and father). In the case of a job offer, provide evidence of such)
2	Childcare leave	Certificate of Employment showing childcare leave period (actual/planned) and scheduled return date. *(One per parent (mother and/or father) is required.)*
3	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 the cover and the page showing the due date from your Maternal and Child Health Handbook (Boshi Kenko Techo), or a medical certificate.
4	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)
5	Disabled parent or guardian	If you have been issued a disability certificate/handbook:** Please submit a copy of **one** of the following certificates. The copy must clearly show the holder's name, certificate number, and the type of disability. (Physical Disability Certificate (Shintai Shogaisha Techo), Rehabilitation Handbook (Ryoku Techo), Mental Disability Health and Welfare Handbook (Seishin Shogaisha Hoken Fukushi Techo)) If you have NOT been issued a disability certificate/handbook, Please submit a medical certificate.
6	Parent or guardian engaged in nursing care	Declaration of Family Caregiving Status and Document indicating the need for nursing care (medical certificate or copy of nursing care insurance card, etc.)
7	Parent or guardian enrollment in an educational program	Student card (if enrollment is planned for the future, then acceptance notification, etc.)
8	Parent or guardian seeking work	Job-seeker application and pledge (consult the City if applicable)
9	Seeking to use non-licensed childcare facilities	Written explanation of failure to submit application to use licensed childcare facilities, etc. (form 3 (related to Article 4))