

Application for Approval or Change of Usage Benefits for Childcare Facilities, etc.

[Application indicates agreement to the following]

- 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.
- The content recorded in the application form, 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.
- Usage fees of facilities, etc., may be received by the facility or business used in place of the applicant if approved by the municipality.
- If usage commences in April of the new year, notification of examination results may be delayed up to the day before usage commences, irrespective of the application date according to Article 30-5, Paragraph 5 of the Act on Child and Child Support, as we receive many applications during this period and time is required for examination, etc., for approval.
- If there is a discrepancy between the content of the application and the facts, approval of benefits for use of facilities, etc., may be suspended.
- If a business stipulated by Article 59-2 of the Act on Child and Child Support (company-run childcare center) is being used as of the requested date of approval, application for this approval is not possible.

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-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. 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-authorized 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

		Requested date of approval (date facilities first used)		/ (MM/DD/YYYY)	
Applicant	Name	Seal	Relationship with child in application	Current address	〒208- Musashimurayama-shi
	*Seal not required if signed.			If current address is outside the City, list your prospective address in the City	
	Time contact (telephone number) *precisely write in the order in which you can be reached		Date of birth		/ (MM/DD/YYYY)
	(1)	Father, mother, father's workplace, mother's workplace, home, other ()	(2)	Father, mother, father's workplace, mother's workplace, home, other ()	Personal identification number (my number)
Applicant's child	Name	Current address	/ (MM/DD/YYYY)		Personal identification number (my number)
		Date of birth	/ (MM/DD/YYYY)		
Name of facility used	Address of facility		〒 - Ph. ()		
	Date of commencement of use		/ (MM/DD/YYYY)		

List any cohabitants other than those stated above.

*If the following approval classification (3) 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 breadwinner)	Name	Relationship with child in application	Date of birth	Employer, school, or kindergarten, or solo transfer destination	Nursing approval or disability handbook
					Personal identification number
1			/ (MM/DD/YYYY)		<input type="checkbox"/> Included
2			/ (MM/DD/YYYY)		<input type="checkbox"/> Included
3			/ (MM/DD/YYYY)		<input type="checkbox"/> Included
4			/ (MM/DD/YYYY)		<input type="checkbox"/> Included
5			/ (MM/DD/YYYY)		<input type="checkbox"/> Included

Approval classification	Seeks childcare (no)	Please check the box below if item 3 to the left applies to you, and your household is exempt from residence tax.
	<input type="checkbox"/> Seeks to use kindergarten, etc. (1)	
	Seeks childcare (yes)	
	<input type="checkbox"/> The first March 31 after the child turns 3 years of age has passed as of the time approval is sought (2)	<input type="checkbox"/> Exempt from residence tax
	<input type="checkbox"/> The child has turned 3 years of age but the first March 31 has not yet passed as of the time approval is sought (3)	

Complete if the above classification 3 applies to you.

Address as of January 1 of the year prior to the requested date of approval*2	(Mother)	<input type="checkbox"/> Same as current address	(Father)	<input type="checkbox"/> Same as current address
Address as of January 1 of 2 years prior to the requested date of approval*3	(Mother)	<input type="checkbox"/> Same as current address	(Father)	<input type="checkbox"/> 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-authorized childcare facility, a temporary childcare business, a childcare business for sick children, or a childcare support business (including future plans)) fill in the reverse side.**

(Reverse)

Complete if you use a non-authorized 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	Date of commencement of use
	Non-authorized childcare, temporary childcare, childcare for sick children, childcare support	Ph. - -	/ (MM/DD/YYYY)
	Non-authorized childcare, temporary childcare, childcare for sick children, childcare support	Ph. - -	/ (MM/DD/YYYY)

Reason childcare is required, etc.

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

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	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)
8	Seeking to use non-authorized childcare facilities	Written explanation of failure to submit application to use childcare center, etc. (form 2)