

Application for Approval for Childcare Services (daycare centers, Nintei Kodomo-en (centers for early childhood education and care) (organized by the childcare division), group childcare-providing mom, etc.)

Date: _____

To the Mayor of Sapporo

I hereby apply for approval to use childcare services as detailed below so that my child may receive education or childcare services under the Child and Childrearing Support Act.

Child for who the application is being made	Name of child		Date of birth(mm/dd/yyyy)	Relationship with guardians
			"My Number"	
			/ /	
	1. Physical Disability Certificate			
	<input type="checkbox"/> No	<input type="checkbox"/> Yes	(Details: _____)	
2. Receiving outpatient Development Support				
	<input type="checkbox"/> No	<input type="checkbox"/> Yes	(Details: _____)	
3. Injuries or illness under medical treatment				
	<input type="checkbox"/> No	<input type="checkbox"/> Yes	(Details: _____)	
4. Allergies				
	<input type="checkbox"/> No	<input type="checkbox"/> Yes	(Details: _____)	
Approval number*				*Please fill in if approval has already been granted.

<Family information>

Name of the guardian	(Zip: -)		Ward, Sapporo	
	Address :			
	Name	Date of birth	Name of company, school, etc	
		"My Number"		
	/ /			
		<input type="checkbox"/> Have a Certificate of the Physically Disability		
Daytime contact number	Father: - -	Mother: - -		
	Others (Relationship:):		- -	
Family members living together other than the above	Name	Relationship to guardian(s)	Date of birth	Employment details (name of company, under seeking employment, etc.), name of school (grade), name of the daycare facility where your child is currently enrolled, the name of the facility for which you are applying, presence and absence of handicaps (grade), etc.
			"My Number"	
			/ /	
			/ /	
		/ /		

Separated family members in Japan *			/ /	<input type="checkbox"/> Transferred on business without family
				<input type="checkbox"/> Being in school <input type="checkbox"/> Other ()
				Address
			/ /	<input type="checkbox"/> Transferred on business without family
				<input type="checkbox"/> Being in school <input type="checkbox"/> Other ()
				Address
Family's current status	<input type="checkbox"/> Single parent		Period: Since (mm/yyyy)	Reason: <input type="checkbox"/> Divorce/ Bereavement
				<input type="checkbox"/> Unmarried
	<input type="checkbox"/> Receive benefits, such as welfare benefits or the benefit for Japanese orphans in China			
			Period: Since (mm/yyyy)	
	• Pregnant <input type="checkbox"/> No <input type="checkbox"/> Yes → Baby's estimated due date: (mm/dd/yyyy) <input type="checkbox"/> Acquire only maternity leave <input type="checkbox"/> Acquire childcare leave (until (mm/yyyy)) <input type="checkbox"/> Quit work before childbirth			
		• Place of registered residence as of January 1, 2015	<input type="checkbox"/> Sapporo	<input type="checkbox"/> Other municipalities
		()		

*In the "Separated family members in Japan" section, write in family members who shared living expense such as guardians who are transferred on business without family or siblings who live separately to go to school.

<Preferred service hours>

① Service hours will be decided according to the guardians' working situation. However, please check which category of daycare you prefer.

<input type="checkbox"/>	Prefer standard daycare hours (11 hours) (7a.m. - 6 p.m.)
<input type="checkbox"/>	Prefer short daycare hours (8 hours) (Opening hours may differ depending on the facilities.)

② People who take care of your child(ren) during preferred time (Please check the applicable.)

<input type="checkbox"/>	At home	<input type="checkbox"/>	Parents/ Relatives	<input type="checkbox"/>	Unauthorized daycare center	<input type="checkbox"/>	Come with to company
<input type="checkbox"/>	Kindergarten	<input type="checkbox"/>	Temporary childcare				
<input type="checkbox"/>	Others ()						

③ Preferred facilities and period

Preferred facilities (except kindergarten) *	Name of facility (provider)		Reasons for guardians to require childcare	Inspection
	First choice			
	Second choice			Done/Not yet
	Third choice			Done/Not yet
	Fourth choice			Done/Not yet
	Fifth choice			Done/Not yet

Preferred period	From (mm/dd/yyyy) to (mm/dd/yyyy)
Application of siblings (preference for attendance to start at the same time ⇒ Yes or No)	<ul style="list-style-type: none"> • When one is put on the waiting list and another is accepted. <ul style="list-style-type: none"> <input type="checkbox"/> Put all of them on the waiting list <input type="checkbox"/> Enter one child • When they have to go different facilities <ul style="list-style-type: none"> <input type="checkbox"/> Put all of them on the waiting list <input type="checkbox"/> Enter the separate institute
Use of kindergarten	<input type="checkbox"/> No <input type="checkbox"/> Yes (Name of facility: _____)
Application to kindergartens	<input type="checkbox"/> No <input type="checkbox"/> Yes (Name of facility: _____) *If you answer Yes, please select <input type="checkbox"/> Prefer a child daycare center <input type="checkbox"/> Prefer a kindergarten. (Please inform us to decline your application above.) <input type="checkbox"/> Other

④ Reason for requiring childcare

Guardians	Reason (Please check the applicable items.)
Father	<input type="checkbox"/> Working (<input type="checkbox"/> For 120 hours or more per month, <input type="checkbox"/> For 64 to 119 hours per month) <input type="checkbox"/> School (<input type="checkbox"/> For 120 hours or more per month, <input type="checkbox"/> For 64 to 119 hours per month) <input type="checkbox"/> Illness or disability <input type="checkbox"/> Caring for a family member, etc. (<input type="checkbox"/> For 120 hours or more per month, <input type="checkbox"/> For 64 to 119 hours per month) <input type="checkbox"/> Disaster and working to recover from damage caused by a disaster <input type="checkbox"/> Seeking employment <input type="checkbox"/> Childcare leave <input type="checkbox"/> Others (_____)
Mother	<input type="checkbox"/> Working (<input type="checkbox"/> For 120 hours or more per month, <input type="checkbox"/> For 64 to 119 hours per month) <input type="checkbox"/> Pregnant, recently gave birth <input type="checkbox"/> School (<input type="checkbox"/> For 120 hours or more per month, <input type="checkbox"/> For 64 to 119 hours per month) <input type="checkbox"/> Illness or disability <input type="checkbox"/> Caring for a family member, etc. (<input type="checkbox"/> For 120 hours or more per month, <input type="checkbox"/> For 64 to 119 hours per month) <input type="checkbox"/> Disaster and working to recover from damage caused by a disaster <input type="checkbox"/> Seeking employment <input type="checkbox"/> Childcare leave <input type="checkbox"/> Others (_____)
Others (*) ()	<input type="checkbox"/> Working (<input type="checkbox"/> For 120 hours or more per month, <input type="checkbox"/> For 64 to 119 hours per month) <input type="checkbox"/> Pregnant, recently gave birth <input type="checkbox"/> School (<input type="checkbox"/> For 120 hours or more per month, <input type="checkbox"/> For 64 to 119 hours per month) <input type="checkbox"/> Illness or disability <input type="checkbox"/> Caring for a family member, etc. (<input type="checkbox"/> For 120 hours or more per month, <input type="checkbox"/> For 64 to 119 hours per month) <input type="checkbox"/> Disaster and working to recover from damage caused by a disaster <input type="checkbox"/> Seeking employment <input type="checkbox"/> Childcare leave <input type="checkbox"/> Others (_____)

*"At work" indicates working time including break time, but not including commuting time.

*When "other" is selected for guardian, complete the section of () with relationship.

< Agreement on providing your taxation information, approval for use of daycare facilities and screening and coordination procedures >

<p>I hereby agree to the following items upon making this application until the end of the approval process of the application.</p> <ol style="list-style-type: none"> (1) Understand that the schedule will be as the following in the case of your application is for the entrance from April, 2017. <ul style="list-style-type: none"> • First adjustment period (in principle from November to the designated deadline of first period) ⇒ Result notified in February. • Second adjustment period (from the day after the designated deadline of first period to the designated deadline of second period) ⇒ Result notified in March. (2) The municipality accesses and/or collects my (and all members of the same household's) Resident Tax information and information about my household. (3) Providing information on my daycare service fee calculated based on the taxation status etc. to my childcare service operator. (4) The information mentioned here may be provided to daycare facilities or kindergartens for the screening and coordination procedures or the operation of their facility (5) Approval will be cancelled if false reports are found to have been submitted. <p style="text-align: right;">Signature of the guardian: _____</p>
