

Application for Children’s Education and Nursery Benefits

To: Mayor of Minato City

I hereby apply for the children’s education and nursery benefits as well as for nursery school enrollment for my child based on the provisions of Article 20, Paragraph 1 of the Child and Childcare Support Act.
I consent to the City referring to my records such as the Basic Resident Register and the resident tax records held by the City for the purpose of confirming my need for childcare services, and agree that the City will provide the required information from the documents that I submit to, among others: Residents Support Section of each Regional City Office; Nursery School Section, Child and Family Support Department; Office of the Superintendent of Education, Education Promotion Department, Secretariat of the Board of Education of Minato City; School Affairs Section, School Education Department, Secretariat of the Board of Education of Minato City; the nursery school to which my child will be enrolled.

Date of application:

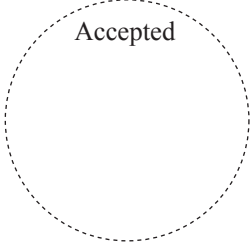
Applicant	Name in katakana											Individual number											Applicant’s relationship to child(ren)	Father • Mother • ()
	Name											Date of birth												
	Address	Postal code										Phone No.												
												Do you have a certificate of the disabled (Shogaisha Techo) and status of receipt of certificate of receipt of specific medical expenses (designated intractable disease)?												
		Address as of January 1 (Address as of January 1 of the previous year for January to August application)										<input type="checkbox"/> Same as above										Yes / No		Name of certificate:

Spouse (<input type="checkbox"/> None)	Name in katakana											Individual number											Spouse’s relationship to child	Father • Mother • ()
	Name											Date of birth												
	Address	<input type="checkbox"/> Same as applicant’s Postal code										Phone No. <input type="checkbox"/> Same as applicant’s												
												Do you have a certificate disability (Shogaisha Techo) and certificate of receipt specific medical expense (designated intractable disease)?												
		Address as of January 1 (Address as of January 1 of the previous year for January to August application)										<input type="checkbox"/> Same as above										Yes / No		Name of certificate:

Applicable child(ren)	Name in katakana		Relationship	Individual number		Age	Certification classification (Circle whichever is applicable.)	Name of facility												
	Name			Date of birth																
								Type 1 Certification												
								Type 2 Certification												
								Type 3 Certification												
								Type 1 Certification												
								Type 2 Certification												
							Type 3 Certification													
Period during which the benefits are needed			From (mm/dd/yyyy) / / to (mm/dd/yyyy) / / Until beginning an elementary school																	
Applicant’s need for childcare services	There is no need to fill out this section if you are applying for a Type 1 Certification.																			
	Applicant’s reason(s) (Circle one applicable answer)										Spouse’s reason(s) (Circle one applicable answer)									
	(1) Employment (2) Pregnancy and childbirth (3) Sickness (4) Disability (5) Providing nursing/long-term care for a family member (6) Seeking employment (7) Attending school (8) Post-disaster recovery (9) Childcare leave (10) Other ()										(1) Employment (2) Pregnancy and childbirth (3) Sickness (4) Disability (5) Providing nursing/long-term care for a family member (6) Seeking employment (7) Attending school (8) Post-disaster recovery (9) Childcare leave (10) Other ()									
	Required hours of childcare service (Circle whichever is applicable.)										Standard time (11 hours max. per day)/Short time (8 hours max. per day) ※ If the applicant (or the applicant’s spouse) is seeking employment or taking childcare leave, it will be certified as a short-time leave.									

Notes:

- You cannot apply for enrollment in a nursery school using this application form. If you wish to apply for enrollment, use the Nursery School Enrollment Application Form.
- If there is any change in the applicant’s reason for childcare services or other parts for certification, an application for change of certification is necessary. Please contact the admissions office in the area where you live.



申請者の本人確認	一点	個 ・ 免 ・ パ ・ 在 ・ 他 ()
	二点	保 ・ 社 ・ 学 ・ カ ー ド ・ 他 ()
申請世帯の個人番号確認		個 ・ 通 ・ 住 ・ 台 ・ 他 ()

確認	システム	受付

Household Status Report

Status of parents/guardian		Applicant's status			Spouse's status		
Circle where applicable and fill in the form below.							
Employment • Schooling	Name of employer/school						
	Commuting hours	___ hr(s) ___ min each way			___ hr(s) ___ min each way		
	Family relationship with employer * Please fill in if employed	Yes / No	Relationship * Please fill in if yes		Yes / No	Relationship * Please fill in if yes	
Pregnancy and childbirth	(Expected) Date of childbirth:						
Sickness • Disability	Name of illness • disability						
	Issuance of certificate	Certificate issued (name of ID: disability level:) • No Certificate issued			Certificate issued (name of ID: disability level:) • No Certificate issued		
	Current status	• At-home treatment/rehabilitation • Hospitalized (from date:) • Going to hospital regularly (times per week/month)			• At-home treatment/rehabilitation • Hospitalized (from date:) • Going to hospital regularly (times per week/month)		
	Name of hospital/care facility						
Providing nursing • long-term care for a family member	Name of family member receiving nursing • long-term care	Name : () Relationship ()			Name : () Relationship ()		
	Current status	• Receiving care at home • Hospitalized (name of hospital:) • Receiving outpatient rehabilitation (name of hospital/day care facility:)			• Receiving care at home • Hospitalized (name of hospital:) • Receiving outpatient rehabilitation (name of hospital/day care facility:)		
	Name of illness • disability						
	Issuance of certificate	Certificate issued (name of Certificate: disability level:) • No Certificate issued			Certificate issued (name of Certificate: disability level:) • No Certificate issued		
	Issuance of certification of necessity for long-term care • support	Certification of necessity for long-term care issued • Certification of necessity for support issued (category of condition:) • No certificate issued			Certification of necessity for long-term care issued • Certification of necessity for support issued (category of condition:) • No certificate issued		
Other							
Absent	Reason	• Divorce • Unmarried • Death • Other ()					

Are you on welfare?		Yes • No						
Are there siblings who do not live with you?			Yes (Same household)		Yes (Different household)		No	
Other family member(s) living together	Name	Relationship	Date of birth	Age	Name of employer/Name of school presently enrolled in (registering for)	Childcare Certification	Certificate for the Intellectually/Physically Disabled	
						No, Type 1, Type 2, Type 3	No / Yes	
						No, Type 1, Type 2, Type 3	No / Yes	
						No, Type 1, Type 2, Type 3	No / Yes	
Status of grandparents	Name		Municipality of residence (circle the appropriate answer. If your answer is Minato City, Please write your address.)			Occupation, etc.		
	Father's side	Grandfather	Minato City () / Outside Minato City			Employed / Unemployed		
		Grandmother	<input type="checkbox"/> Same as above Minato City () / Outside Minato City			Employed / Unemployed		
	Mother's side	Grandfather	Minato City () / Outside Minato City			Employed / Unemployed		
Grandmother		<input type="checkbox"/> Same as above Minato City () / Outside Minato City			Employed / Unemployed			
Other	Please fill in the contact information (telephone number, relationship) to be used when the City contacts you regarding your offer or other matters, etc.							
	①	Telephone number	Relationship	②	Telephone number	Relationship	③	Telephone number
Remarks								