

Application for Children's Education and Nursery Benefits

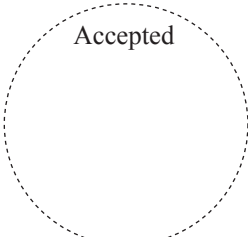
To: Mayor of Minato City

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		Home Phone No.		Mobile Phone No.		
	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		Moving-in date				
Spouse (<input type="checkbox"/> None)	Name in katakana		Individual number		Spouse's relationship to child		Father • Mother • ()		
	Name		Date of birth						
	Address		Postal code		Home Phone No. <input type="checkbox"/> Same as applicant's		Mobile Phone No.		
	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		Moving-in date				
Applicable child(ren)	Name in katakana		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		
							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. Contact the admissions office of the facility where you wish your child to remain or enroll.



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
Status of receipt of disability certificate (s) and certificate (s) of receipt of specific medical expenses (designated intractable diseases)	Name of Certificate issued, etc. Certificate issued (/disability level:)/ No Certificate issued	Name of Certificate issued, etc. Certificate issued (/disability level:)/ No Certificate issued
Circle where applicable and fill in the form below.		
Employment • Schooling	Name of employer/school	
	Commuting hours	___ hr(s) ___ min each way
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
	Current status	• 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 ()
	Current status	• 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
	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
Other		
Absent	Reason	• Divorce • Unmarried • Death • Other ()

Are you on welfare? Yes • No

Are there siblings who do not live with you? Yes (same livelihood) Yes (separate livelihood) 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		Address			Occupation, etc.	
	Father's side	Grandfather				Employed Other ()	
		Grandmother	<input type="checkbox"/> Same as above			Employed Other ()	
	Mother's side	Grandfather				Employed Other ()	
Grandmother		<input type="checkbox"/> Same as above			Employed Other ()		

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	Relationship
		[]			[]			[]

Remarks