

Approval Form For Admission or Change of details in Nursery School /
Enrollment Form for Nursery School

美濃加茂市長宛

次のとおり、施設型給付費・地域型保育給付費に係る教育・保育給付認定（変更）申請及び保育所等の入園申込をします。

Child's Information	Name かも じろう Kamo Jirou		Gender ☒ M ☐ F	Date of Birth ☐ Heisei ☒ Reiwa 5 Y 9 M 7 D My Number 0000△△△△××××	Age as of April 1 3 y.o
	Illness/Disability ☐ Yes ☒ No	Disability Booklet ☐ Have ☒ None	Allergy ☒ Have ☐ None Wheat	Japanese conversation ☐ Can ☒ Cannot	
Parent or Guardian's (Applicant) Information Kamo Tarou (Must be the same person receiving the Child Allowance)		Address Minokamo City 0ta cho 3431 banchi			
Contact Number	090-××××-××××		Relationship(Mother)	090-××××-×××× Relationship(Father)	
Do you wish to use nursery school (※)	☒ Yes : If you wish to use <i>ho/kuen</i> (nursery) (or <i>youchien</i> (kindergarten)), due to work or health conditions ☐ No : If you wish to use <i>youchien</i> (kindergarten)			Child's Category	☒ 2nd group (Above 3 y.o) ☐ 3rd group (Below 3y.o) ☐ 1st group (Above 3 y.o)

※ 「保育所等」とは、保育所、認定こども園（保育部分）、小規模保育、家庭の保育、居宅訪問型保育、事業所内保育をいいます。（以下同じ）
・ 「幼稚園等」とは、幼稚園、認定こども園（教育部分）をいいます。
・ 「有」を○で囲んだ場合は①～④に、「無」を○で囲んだ場合は①、②（「利用を希望する時間」は除く）に必要事項を記入して下さい。
・ 変更申請の場合は①～③及び⑤に必要事項を記載してください。

①Household members

	Name	Relationship to the child	Age as of April 1st	Date of birth	Gender	Occupation/ School/ etc
Other household members	かも タロウ Kamo Tarou My Number 0000-▲▲▲-0000	☒ Father ☐ Mother ☐ Other ()	39 y.o	☐ Taishou ☒ Shouwa ☐ Heisei ☐ Reiwa 62Y 5M 10D	☒ M ☐ F	Kaishain (Company worker)
	かも ハナコ Kamo Hanako My Number 0000-0000-▲▲▲	☐ Father ☒ Mother ☐ Other ()	37 y.o	☐ Taishou ☒ Shouwa ☐ Heisei ☐ Reiwa 1Y 6M 12D	☐ M ☒ F	Jieigyuu (Self-employed)
	かも イチロウ Kamo Ichirou My Number	☐ Father ☐ Mother ☒ Other (Ani)	12 y.o	☐ Taishou ☐ Shouwa ☒ Heisei ☐ Reiwa 26Y 7M 14D	☒ M ☐ F	Minoota Shougakkou 6 nensei (Minoota Elementary School Grade 6)
	かも ハナミ Kamo Hanami My Number	☐ Father ☐ Mother ☒ Other (Ane)	8 y.o	☐ Taishou ☐ Shouwa ☒ Heisei ☐ Reiwa 30Y 8M 16D	☐ M ☒ F	Minoota Shougakkou 2 nensei (Minoota Elementary School Grade 2)
	かも イチタロウ Kamo Ichitarou My Number	☐ Father ☐ Mother ☒ Other (Sofu)	64 y.o	☐ Taishou ☒ Shouwa ☐ Heisei ☐ Reiwa 37Y 9M 18D	☒ M ☐ F	Koumuin (Public Employee)
	かも ミノ Kamo Mino My Number	☐ Father ☐ Mother ☒ Other (Soba)	63 y.o	☐ Taishou ☒ Shouwa ☐ Heisei ☐ Reiwa 38Y 10M 20D	☐ M ☒ F	Paato (Part time worker)
	Receiving Public Assistance ☒ No ☐ Yes (Starting from 20 / /)					
Household Status ☒ Not a single-parent household ☐ Single-parent household						
Receiving Child-rearing Allowance ☒ No ☐ Yes						
Household member with disability booklet ☒ No ☐ Yes (Name:)						
Receiving special child-rearing allowance ☒ No ☐ Yes (Name:)						
Use of child development support, etc. ☒ No ☐ consultation ☐ attends a facility (Name of child development support facility)						

②Period, hours and name of facility you wish to use

Period of usage	From Reiwa 9Y 4M 1D to Reiwa 12Y 3M 31D	
Desired Usage Hours	☐ Short Hours (max. 8hrs a day) ☒ Standard Hours (max. 11hrs a day)	
Name of facility you wish to enroll your child	☐ All nursery facilities within the city (please write down up to 6 options)	
	1st option: 〇〇 Nursery School	4th option: ☆☆ Nursery School
	2nd option: △△ Nursery School	5th option: ×× Nursery School
	3rd option: □□ Nursery School	6th option: ◇◇ Nursery School
Remarks		

○ 消せるボールペン、鉛筆で書かないでください。 ○ 字は楷書ではっきりと書いてください。（表面）

Reason	Relationship to the child	Reason
	☒ Father ☐ Mother ☐ Others ()	☒ Work (One-way commuting time : 30 minutes) ☐ Pregnancy/Birth ☐ Illness/Disability ☐ Nursing care ☐ Recovering from a calamity ☐ Job hunting ☐ Attending School (One-way commuting time : minutes) ☐ Others ()
	☐ Father ☒ Mother ☐ Others ()	☒ Work (One-way commuting time : 20 minutes) ☐ Pregnancy/Birth ☐ Illness/Disability ☐ Nursing care ☐ Recovering from a calamity ☐ Job hunting ☐ Attending School (One-way commuting time : minutes) ☐ Others ()

☐ Siblings are currently enrolled in a facility → Name () Facility ()	
→ Name () Facility ()	
If you are applying for 2 or more siblings	→ Names of Siblings () ()
	☐ I will not enroll both children if they will be admitted in different facilities
	☐ Prioritize admission of both children in same facility even if that facility is not in my first few facility options
	☐ Prioritize admission of siblings to first few facility options even if they will be admitted separately
	※We might not be able to meet your request

Details of Changes	☐ Child's category ☐ Level of necessity to use nursery ☐ Reason of necessity to use nursery
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- 上記の事項に同意します。

Guardian's name **Kamo Tarou**

認定の可否		特定教育・保育給付認定番号	認定区分等	
可・否（否とする理由） 令和 年 月 日認定			□1号 □2号 □3号 （□標 □短）	
支給（入所）の可否			有効期間	
可・否（否とする理由） （□施設型 □地			自令和 年 月 日 令和 年 月 日	
☐ 認定こども園（ ☐ ☐ 幼稚園 ☐ 保育				
備 考				

受付年月日 令和 年 月 日

施設（事業者）名	（事業所番号： ）		
担当者氏名・連絡先	（担当者）	（連絡先）	
入所契約（内定）の有無	有（ 契約・内定 （ 年 月 日契約（内定） ） ） ・ 無		
備 考			

(裏面)