

Fiscal Year 2023

Application for Approval of Education & Childcare Benefits/
Application for Use (or Continued Use) of a Childcare Facility

Example
(For new applications)

To the Mayor of Tokushima City

I hereby apply for grant approval of facility or community-based childcare benefits.

In order to determine my qualification for education/childcare benefits, the childcare fees I must pay, exemption from non-stable food fees, and supplementary benefit programs, I agree to allow Tokushima City to access and

Please write the name of a parent/guardian living in Tokushima City.

List phone numbers that can be reached during the day in order of preference from ①.

Date: 2022 / 10 / 21 (YYYY/MM/DD)

Applicant Child	Furigana	ハナコ トクシマ		Sex	Date of Birth	Age	
	Name	Hanako Tokushima					F
Parent/Guardian	Furigana	タロウ トクシマ		Phone Number	1st () child (As of Apr. 1, 2023)		
	Name	Taro Tokushima			① 090-2222-3333	Relation: Mother	
					② 090-3333-4444	Relation: Father	
				③ 090-4444-5555	Relation: Grandfather		
(Fill in the numbers in order of preference)							
Please fill this in if you have applied to another facility other than those that you are applying to through this form.							
Address: [] Address: [1000-1, ●● City, Tokushima] Address: [] Address: [1000-1, ●● City, Tokushima]							
Application Status at Other Facilities		<input checked="" type="checkbox"/> Yes (I also applied to a kindergarten or other facility)		Name of Facility			
(Do you have any concurrent applications?)		<input type="checkbox"/> No (Only applying through this application form)		●●●● Kindergarten			
Status of Applicant Child		Allergies? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Disabilities or illnesses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Status of Household		Single Parent Household? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Household members w/ disability certificate, etc.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you receiving public assistance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

① Household Status *List all of the people that live with you (including those who are not part of your family unit), as well as the parents and siblings of the applicant child, even if they do not live at the same residence.

(Furigana) Name	Relation to Child	Date of Birth	Age	Work, daycare, etc.	Status of childcare facility usage/application	(City Use) 徳島市チェック欄 (申請者は記入不要)
1 Taro Tokushima	Father	1983/01/03	40	●● Company	<input type="checkbox"/> Using <input type="checkbox"/> Applying for <input type="checkbox"/> certified facility <input type="checkbox"/> non-certified facility	<input type="checkbox"/> 育休明け・短縮予定 (~年 月 日)
2 Hanako Tokushima	Mother	1984/01/04	39	●● Hospital	<input type="checkbox"/> Using <input type="checkbox"/> Applying for <input type="checkbox"/> certified facility <input type="checkbox"/> non-certified facility	
3 Ichiro Tokushima	Brother	2017/04/03	5	●● Nursery	<input checked="" type="checkbox"/> Using <input type="checkbox"/> Applying for <input checked="" type="checkbox"/> certified facility <input type="checkbox"/> non-certified facility	
4 Fuyumi Awa	Grandmother	1957/01/06	64			
5						

② Preferred Usage Period & Facilities

Preferred Usage Period	From 2023 / 04 / 01 (YYYY/MM/DD)	<input checked="" type="checkbox"/> Until enrollment in elementary school <input type="checkbox"/> Until (Date) / /
Preferred Facilities	Choice 1 ●● Nursery School	<input type="checkbox"/> Sibling enrolled here
	Choice 2 △△ Childcare Center	<input type="checkbox"/> Sibling enrolled here
	Choice 3 ■■ Daycare	<input type="checkbox"/> Sibling enrolled here
Choice 4 △△ Nursery School	<input type="checkbox"/> Sibling enrolled here	
Please explain if you have less than 3 preferences:		
< Notes About Preferred Facilities >		
If there are several potential facilities available to you, please indicate at least 3 of the		
※1 If you select 3+ facilities, you will have a higher chance of being granted enrollment. (However, if there are only 2 or less potential facilities available to you, you will still have the same chance.)		
※ Please note that if you voluntarily withdraw enrollment after it has been granted, your chances of being granted enrollment in the future will be decreased.		

③ Preferred Childcare Hours *Please note that childcare hours differ depending on the facility.

Preferred Category	<input checked="" type="checkbox"/> Standard childcare hours (up to 11 hours)		<input type="checkbox"/> Reduced childcare hours (up to 8 hours)
Preferred Hours	Weekday Hours	From 8 : 00 to 17 : 00	
	Childcare on Saturdays?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (*If "Y")	
	Saturday Hours	From 8 : 00 to	
Handling of This Application			
If unavailable from the desired month?	<input checked="" type="checkbox"/> I will wait until it is available (assignment for the following month or later)		<input type="checkbox"/> Withdraw my application (no assignment)
Enrollment Refusal (Only fill out if applicable)	<input type="checkbox"/> Yes (I will apply, but do not wish to enroll my child)	NOTE	As a general rule, if you wish to refuse enrollment, you will not be assigned usage in the following months.

④ Reasons Childcare is Necessary (Please check the boxes that apply.)

Class No.	Types	Father	Mother	Specific Circumstances				
01	Employment	<input checked="" type="checkbox"/>		Works 20 or more days per month	Works 160 or more hours per month	20		
02					Works 140-159 hours per month	18		
03					Works 120-139 hours per month	16		
04					Works 100-119 hours per month	14		
05					Works 64-99 hours per month	12		
06				Works under 20 days per month			Works 160 or more hours per month	20
07							Works 140-159 hours per month	16
08							Works 120-139 hours per month	14
09								12
0A								10
11	Pregnancy/Childbirth			If you ca		16		
21	Illness/Disability of Guardian			Illness		20		
22						20		
23						16		
24						12		
25					At-home treatment	Confined to bed, infectious disease, etc.	20	
26					Other illnesses affecting livelihood for which nursing care is necessary	16		
27					Standard recovery (movement/going out restricted but can take care of yourself)	12		
28				Disability			Nursing care required (grade 1-2 physical, grade 1 psychiatric, type A intellectual, or nursing care level 3-5)	20
29							Interferes w/ childcare (gr. 3 or lower physical, 2 or lower psych., type B intellectual, or nursing care level 1-2)	14
31							Other situations for which childcare is required (needed nursing care/support, etc.)	8
32	Providing care for 160 or more hours per month	18						
33	Providing care for 140-159 hours per month	16						
34	Providing care for 120-139 hours per month	14						
35	Providing care for 100-119 hours per month	12						
41	Disaster Restoration			Cannot provide childcare as you are restoring your home due to a natural disaster	20			
51	Job Searching			Must leave home often due to job searching or preparing for self-employment	4			
61	Education/Training			Currently attending occupational training school, technical school, university, etc.	Leaving home to attend school	Attending school 160 or more hours per month	18	
62						Attending school 140-159 hours per month	16	
63						Attending school 120-139 hours per month	14	
64						Attending school 100-119 hours per month	12	
65						Attending school 64-99 hours per month	10	
66						At-home education (online, etc.)	6	
71	Abuse/Domestic Violence			If you are experiencing or are in danger of experiencing abuse or domestic violence	20			
81	Continuous enrollment during childcare leave			If the parent has taken childcare leave for less than 1 year and the child has been attending a licensed childcare facility (excluding the employee quota for onsite childcare services) for over 3 months	20			
91	Other			Parents are not present (deceased, missing, in custody, etc.)	20			
92				Other reasons deeming the need for childcare services to be particularly high	—			

Please be sure to indicate the number of days and hours you work as shown on the employment certificate provided by your employer.

< IMPORTANT >

- If there are several potential facilities available to you, please write at least 3.
- If you request 3 or more facilities, you will have a higher chance of being granted enrollment.
- ※ If you voluntarily withdraw enrollment after it has been granted, your chances of being granted enrollment in the future will be decreased.
- Please use a black ballpoint pen to fill out this form (do not use erasable ballpoint pens or correction pens/tape), and be sure to fill out a separate application form for each child.
- You cannot apply for the kindergarten portion of a municipal certified childcare center (Type 1) at the same time as applying for the nursery school portion of the same facility or another licensed childcare facility (Type 2).
- In the "① Household Status" section, please indicate all relatives between the ages of 20-64 who live with the applicant child (including relatives who are not part of your official family unit). Furthermore, please indicate all parents and siblings of the applicant child regardless of whether or not they live with the child.
- If you submit this form during the first application period for April enrollment (October 21-November 4, 2022), please submit it to either your top preferred facility or the Childcare Division (reservation required). (If you will submit the form during the second application period for April enrollment (November 7, 2022-February 17, 2023), please submit it to the Childcare Division (no reservation required).)
- About the Handling of Confidential Information
The information on this form and any attached documents will not be used for any purposes other than administrative work concerning nursery schools or other childcare facilities, including procedures related to the approval of education & childcare benefits, assignment/enrollment to nursery schools or other facilities, childcare fee estimates, and the delivery of related notices.