## Application for Certification for Approval To the Mayor of Sapporo < Education and Childcare Services/Type 2 · 3 certification> Agreement for application Date(yyyy/mm/dd): (1) In accordance with the provisions of Article 16 of the Child Care and Child Rearing Support law, the Center examines education and daycare benefit authorizations and verifies the municipal inhabitant taxation status of applicants and their relatives living with them. We may request public offices to inspect necessary documents or provide materials. (2) Providing information on my daycare service fee calculated based on the taxation status etc. to my childcare service operator. The information mentioned here may be provided to daycare facilities or kindergartens for the screening and coordination procedures or the operation of their facility (3) When applications for certification are concentrated, it takes time for screening, etc., in accordance with the provisions of Article 20, Paragraph 6 and Article 30-5, Paragraph 5 of the Child Care Support Law. In such cases, the notification of screening results may be postponed until up to the day before the start of use, regardless of the date of application. Approval can be cancelled if an application is found to contain false information. The person in charge browses information obtained by the relevant medical institutions, daycare facilities, developmental support facilities, and institutions involved in health checkup, health-related consultation or home visit because it is necessary to understand the development of the child concerned. The information may also be shared with the family doctor, daycare facility, developmental support facilities, and the relevant health centers. In agreement with the above, I hereby apply for certification of benefits under the Child Care and Child-Rearing Support law as follows. □To use (or plan to use) a company-led daycare center Name of the facility: Reason for requesting ☐To apply for the use of [Desired start date of certification (yyyy/mm/dd): certification childcare facilities \*Certification from a date prior to the date of application submission is not acceptable. Necessary items to Item 1~Item 4 Item 1 ∼ Item 3 fill in Item 11 Regarding the Child for who the application is being made (%Required) フリガナ Date of birth (yyyy/mm/dd) Name Health check-up record 4 month • 10 month • 18 month • 3 year • 5 year Are there any remarks at previous health check-ups? □No □Yes (Contents: Disability Certificate $\square$ No $\square$ Yes (Contents: Receiving Outpatient Development Support $\square$ No $\square$ Yes (Contents: Injuries or illness under medical treatment □No $\square$ Yes (Contents: Allergies $\square$ No $\square$ Yes (Contents: □Kindergarten □Temporary care □Unauthorized childcare facility (If you check any of the above, please write the facility name here: Current childcare status □At home □Relatives or acquaintances □come with to company □0ther ( In principle, childcare hours (the number of hours of childcare available per day) are determined by the parent/guardian's work or other circumstances. If you have a choice, which would you prefer? Preferred childcare hours □Standard daycare hours (7a.m. ~6 p.m.) □Short daycare hours (8 hours ※Opening hours may differ depending on the facilities.) Item Regarding the guardian(s) (\*Required) Guardian 2 Guardian 1 (Applicant) (Living with the guardian 1 $\square$ Yes $\square$ No) □Father □Mother □Other( Relationship type □Father □Mother □Other( Relationship type Furigana Furigana Name Name Date of birth Date of birth (yyyy/mm/dd) (yyyy/mm/dd) Resident Registration Resident Registration □ Sapporo □ Sapporo (As of 2022/1/1) (As of 2022/1/1) □Other municipalities ( □Other municipalities ( Contact Contact Presence of disability □Yes Presence of disability □None □None □Yes Reason for requiring childcare (Please attach documents to prove it.) Reason for requiring childcare (Please attach documents to prove it) □Working\* (□For 120 hrs or more per month □For 64-119 hrs per month) □Working\* (□For 120 hrs or more per month □For 64-119 hrs per month) □School\* (□For 120 hrs or more per month □For 64-119 hrs per month) □School\* (□For 120 hrs or more per month □For 64-119 hrs per month) \*Break time is included, but commuting time is not included. \*Break time is included, but commuting time is not included. □Caring for a family member, etc. □Caring for a family member, etc. (□For 120 hrs or more per month □For 64-119 hrs per month) (□For 120 hrs or more per month □For 64-119 hrs per month) □Illness · disability □Seeking employment □Pregnancy · childbirth Name of workplace/school Name of workplace/school Zip Address

Zip

Another address (If the guardian 2 lives alone or in a separate household, fill in here.)

Expected		Estimated due date: / / (yyyy/mm/dd) After the childbirth  [Estimated due date: / / (yyyy/mm/dd) Acquire childcare leave (until / (yyyy/mm))						
delivery of a baby		*If you are expecting a baby, please attach a copy of your Maternal				□Acqu	ire only maternity leave	
and Child Health Handbook (cover page and page showing due date).								
[Item 3] Regarding family members and family states not stated in Item2 (*Required) Enter the applicant child listed in Item 1 and the household members (siblings of the applicant child, grandparents living								
together, etc) other than the guardian(s) listed in Item 2 as family members living together, even if they are in separate								
households according to their resident registration. For family members living separately, enter the family members who share the same livelihood, such as older siblings who are in school.								
Furigana Relationship Name of the workplace, school (grade), daycar								
		Name with the		with the applicant child	Date of birth '		facility, presence of handicaps	
				арр. 10 а. 10	, , ,	<u>v</u>	Workplace, school, daycare fa	cility etc.
					/ / (yyyy/mm/do	4) [		*1***
Family					(y y y y / mm/ ac	١,	□Currently using a daycare fac □Have a Certificate of the D	-
					, ,		Workplace, school, daycare facility etc.	
members					(yyyy/mm/dd)			
					(yyyy/ mm/ dd/		□Currently using a daycare facility or a kindergarten □Have a Certificate of the Disability	
living					, ,		Workplace, school, daycare facility etc.	
					(yyyy/mm/dd)			:1:.
together					/ / W		□Currently using a daycare fac □Have a Certificate of the D	
ther							Workplace, school, daycare facility etc.	
							□Currently using a daycare facility or a kindergarten	
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Separ family						<u> </u>	Address • Workplace, school, d	aycare facility etc.
Separated mily membe			/ / (yyyy/mm/dd)					
rated members						□Currently using a daycare facility or a kindergarten		
တ်		Calaatian	waguinad WThis will m			□Have a Certificate of the Disability I can pick up and drop off my child.		
Transportation to and from daycare centers by private vehicle.   I cannot pick up or drop off my child.								
Other family    Receiving public assistance or support benefits for Japanese citizens remaining in China. (Period of reception: Since / (yyyy/mm))								
status ☐ Single-parent household (Since / (yyyy/mm) / Receiving child support allowance : ☐ Yes ☐ No)								
There is a family member(s) with disabilities (□Receiving child-care allowance (Jidou fuyo teate) □Receiving disability pension)								
Item 4 Regarding the desired place of admission and intended period of use.								
(*only when applying for admission to a licensed daycare center.)								
Pre			Name of fa	acility (provider	)		Reason for your choice	Scheduled visit
Preferred facilities and period (*except for kindergartens)	Firs	o.t						date Done · Not yet
ed f	choi			(Lo	ocation:	ward)		(/) (mm/dd)
acil for	Seco		Done · Not yet					
kind	choi Thir			(Lo	ocation: v	ward)		(/) (mm/dd) Done • Not yet
es a derg	choi			(Lo	cation: ward)			(/) (mm/dd)
nd p arte	Four choi			(1.	antin .	mo k q )		Done • Not yet
eric ns)	Fift			(LC	cation: ward)			(/) (mm/dd) Done • Not yet
ď	choi	се			ward)		(/) (mm/dd)	
Pr	eferred	period	From / (yyyy/mm/dd)					
Ann	lication	n status	( Before entering elementary school From / (yyyy/mm/dd))					
Application status       □Under application (Name of facility:       )         for kindergartens       *If you are under application for a kindergarten (□Prefer a child daycare center □Prefer a kindergarten)								efer a kindergarten)
Application of siblings ① When one is put on the waiting list and another is accepted								
Preference for Put all of them on the waiting list Put one child in a facility  When they have to be enrolled separately in different facilities								
attendance to start □ Put all of them on the waiting list □ Enter different facilities								
at the same time   —>When you choose "Enter different e separate facility"  [Profer to enter come facility together [Priorities the choice order]								
☐ ☐Yes ☐No ☐ ☐Prefer to enter same facility together ☐Prioritize the choice order								