

To the Mayor of Sapporo

<Education and Childcare Services/Type 2-3 certification>

In agreement with the above, I hereby apply for certification of benefits under the Child Care and Child-Rearing Support law as follows.

Item 1 Regarding the Child for who the application is being made (※Required)

Item 2 Regarding the guardian(s) (※Required)

Guardian 1 (Applicant)		Guardian 2	
(Living with the guardian 1 <input type="checkbox"/> Yes <input type="checkbox"/> No)		(Living with the guardian 1 <input type="checkbox"/> Yes <input type="checkbox"/> No)	
Relationship type	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other ()	Relationship type	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other ()
Furigana		Furigana	
Name		Name	
Date of birth	/ / (yyyy/mm/dd)	Date of birth	/ / (yyyy/mm/dd)
Resident Registration (As of 2022/1/1)	<input type="checkbox"/> Sapporo <input type="checkbox"/> Other municipalities ()	Resident Registration (As of 2022/1/1)	<input type="checkbox"/> Sapporo <input type="checkbox"/> Other municipalities ()
Contact	— —	Contact	— —
Presence of disability	<input type="checkbox"/> None <input type="checkbox"/> Yes	Presence of disability	<input type="checkbox"/> None <input type="checkbox"/> Yes
Reason for requiring childcare (Please attach documents to prove it.)		Reason for requiring childcare (Please attach documents to prove it)	
<input type="checkbox"/> Working* (<input type="checkbox"/> For 120 hrs or more per month <input type="checkbox"/> For 64-119 hrs per month) <input type="checkbox"/> School* (<input type="checkbox"/> For 120 hrs or more per month <input type="checkbox"/> For 64-119 hrs per month) *Break time is included, but commuting time is not included. <input type="checkbox"/> Caring for a family member, etc. (<input type="checkbox"/> For 120 hrs or more per month <input type="checkbox"/> For 64-119 hrs per month) <input type="checkbox"/> Illness・disability <input type="checkbox"/> Seeking employment <input type="checkbox"/> Pregnancy・childbirth		<input type="checkbox"/> Working* (<input type="checkbox"/> For 120 hrs or more per month <input type="checkbox"/> For 64-119 hrs per month) <input type="checkbox"/> School* (<input type="checkbox"/> For 120 hrs or more per month <input type="checkbox"/> For 64-119 hrs per month) *Break time is included, but commuting time is not included. <input type="checkbox"/> Caring for a family member, etc. (<input type="checkbox"/> For 120 hrs or more per month <input type="checkbox"/> For 64-119 hrs per month) <input type="checkbox"/> Illness・disability <input type="checkbox"/> Seeking employment <input type="checkbox"/> Pregnancy・childbirth	
Name of workplace/school		Name of workplace/school	
Address	Zip —	Address	Zip —
Another address (If the guardian 2 lives alone or in a separate household, fill in here.)		Zip —	

Expected delivery of a baby	<input type="checkbox"/>	Expecting a baby	After the childbirth
	Estimated due date : / / (yyyy/mm/dd)		<input type="checkbox"/> Acquire childcare leave (until / (yyyy/mm)) <input type="checkbox"/> Acquire only maternity leave <input type="checkbox"/> Other ()
*If you are expecting a baby, please attach a copy of your Maternal 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 Name	Relationship with the applicant child	Date of birth	Name of the workplace, school (grade), daycare facility, presence of handicaps
Family members living together			/ / (yyyy/mm/dd)	Workplace, school, daycare facility etc. <input type="checkbox"/> Currently using a daycare facility or a kindergarten <input type="checkbox"/> Have a Certificate of the Disability
			/ / (yyyy/mm/dd)	Workplace, school, daycare facility etc. <input type="checkbox"/> Currently using a daycare facility or a kindergarten <input type="checkbox"/> Have a Certificate of the Disability
			/ / (yyyy/mm/dd)	Workplace, school, daycare facility etc. <input type="checkbox"/> Currently using a daycare facility or a kindergarten <input type="checkbox"/> Have a Certificate of the Disability
			/ / (yyyy/mm/dd)	Workplace, school, daycare facility etc. <input type="checkbox"/> Currently using a daycare facility or a kindergarten <input type="checkbox"/> Have a Certificate of the Disability
			/ / (yyyy/mm/dd)	Workplace, school, daycare facility etc. <input type="checkbox"/> Currently using a daycare facility or a kindergarten <input type="checkbox"/> Have a Certificate of the Disability
			/ / (yyyy/mm/dd)	Workplace, school, daycare facility etc. <input type="checkbox"/> Currently using a daycare facility or a kindergarten <input type="checkbox"/> Have a Certificate of the Disability
Separated family members			/ / (yyyy/mm/dd)	Address • Workplace, school, daycare facility etc. <input type="checkbox"/> Currently using a daycare facility or a kindergarten <input type="checkbox"/> Have a Certificate of the Disability
			/ / (yyyy/mm/dd)	Address • Workplace, school, daycare facility etc. <input type="checkbox"/> Currently using a daycare facility or a kindergarten <input type="checkbox"/> Have a Certificate of the Disability
Other family status	[Selection required] ※This will not affect the selection process. Transportation to and from daycare centers by private vehicle.			<input type="checkbox"/> I can pick up and drop off my child. <input type="checkbox"/> I cannot pick up or drop off my child.
	<input type="checkbox"/>	Receiving public assistance or support benefits for Japanese citizens remaining in China. (Period of reception: Since / (yyyy/mm))		
	<input type="checkbox"/>	Single-parent household (Since / (yyyy/mm) /Receiving child support allowance : <input type="checkbox"/> Yes <input type="checkbox"/> No)		
	<input type="checkbox"/>	There is a family member(s) with disabilities (<input type="checkbox"/> Receiving child-care allowance (Jidou fuyo teate) <input type="checkbox"/> 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.)

Preferred facilities and period (*except for kindergartens)	Name of facility (provider)		Reason for your choice	Scheduled visit date
	First choice	(Location : ward)		Done • Not yet (/) (mm/dd)
	Second choice	(Location : ward)		Done • Not yet (/) (mm/dd)
	Third choice	(Location : ward)		Done • Not yet (/) (mm/dd)
	Fourth choice	(Location : ward)		Done • Not yet (/) (mm/dd)
	Fifth choice	(Location : ward)		Done • Not yet (/) (mm/dd)
Preferred period		From / / (yyyy/mm/dd) (<input type="checkbox"/> Before entering elementary school <input type="checkbox"/> From / / (yyyy/mm/dd))		
Application status for kindergartens		<input type="checkbox"/> Under application (Name of facility:) *If you are under application for a kindergarten (<input type="checkbox"/> Prefer a child daycare center <input type="checkbox"/> Prefer a kindergarten)		
Application of siblings (Preference for attendance to start at the same time <input type="checkbox"/> Yes <input type="checkbox"/> No)		① When one is put on the waiting list and another is accepted <input type="checkbox"/> Put all of them on the waiting list <input type="checkbox"/> Put one child in a facility ② When they have to be enrolled separately in different facilities <input type="checkbox"/> Put all of them on the waiting list <input type="checkbox"/> Enter different facilities →When you choose “Enter different e separate facility” ... <input type="checkbox"/> Prefer to enter same facility together <input type="checkbox"/> Prioritize the choice order		