模式第1号 Application for Childcare Facility Admission/Application for Certification of Childcare Benefits 施設型給付費・地域型保育給付費等教育・保育給付認定申請書兼教育・保育施設等利用申請書

YYYY	/	MM	DD	
	/	/		

Dear Mayor of Fukushima City,

I hereby submit the following application.

							P	Fath	er		-	-		-	-			Does y	our ch	ild h	ave	a dis	ability?
Gu	ardian	Name					o Mother											YES · NO					
	ivame						n e ( ) – –												•••••				
Child you want to admit				Date of Birth									Grade										
	Name				YYYY MM DD									Type:									
admit		Sex	М •	F			In	Individual Nunber											番号 記入欄)				
Cı	urrent <i>F</i>	Address	(〒	-	)																		
A	ddress on 2024																						
c. (	-	egory1	kinder- garten	-																			
c d t d o d	e r □Cate		Nursery 1st choice				4th choice																
i 0 .	i 	3years Old) school you ar		)	choice								5th	choi	ce								
n	Under 3	egory3 years Old)	applyin for	3rd (	choice								6th	choi	ce								
								Plea	se c	heck	al	l th	nat	appl	y t	0 У	ou:						
Conditions for			Father	□Work □Pr	egnancy an	nd Childcare	e □Disea:												ing □Sch	nool At	tenda	nce 🗆	Other
	Admiss	sion	Mother	□Work □Pr	egnancy an	nd Childcare	e □Disea:	se or Disa	bility	□Nur	sing	□Aff	ected	by a	Disas	ter l	□Job	Searchi	ing □Sch	nool At	tenda	nce 🗆	Other
Period of Use		of Ilea	From / /						Fror	rom T					0 Short				4	Canalassi			
	reriod (	or use	То	/	/			Time of Use			:			~		:			2I	ort •	Standard		

I agree that the city may access municipal resident tax information and household information necessary for the approval of childcare benefits, and present information deemed necessary for childcare facilities.

Name of Family Member	Relation ship	Date of Birth		Do they have a disability?		lace, School, etc.	Living
		Individu YYYY MM DD					Tagatha
	Father	/ /	М	Yes · No			Togethe
							Apart
	Mother	YYYY MM DD	F	Yes • No			Togethe
							Apart
		YYYY MM DD	M·F	Yes • No			Togethe
							Apart
		YYYY MM DD	M·F	Yes · No			Togeth
							Apart
		YYYY MM DD	M·F	Yes • No			Togeth
							Apart
		YYYY MM DD	M·F	Yes · No			Togeth
							Apart
		YYYY MM DD	M·F	Yes • No			Togeth
					1		Apart
you a welfare recipient?	?		10	□Yes	(From /	/ ) □Pendi	ng
you a single parent?			)ivor	ce	□Bereavement	□Unmarried	□0ther
you a victim of domestic	c viol	.ence?					

· · · · · ·	0 0. 0			•									
The city this section		利用施設名			入所·退所日		•	~	•	•	新規	· 転	 折
本人	本人 1. 提出者 (申請者・ <u>申請者以外</u> ) ⇒ 申請者以外の場合、委任状の有無 (有・無) 2. 申請者の個人番号確認 (可・不可)、情報連携記録の不開示について (希望する・希望しない)										滞納	有・	無
確認		者の本人確認			明小について (布主り	り、仙目	主しない	,					C 保健

⊕ where the	(al. 2 a a a a a f					
_	taking care of your ch		or	andparents □Other	(	\ <b>1</b>
□Relativ □Nursery			er ⊔ur	andparents □Other	1	)]
	<del>-</del>		Mother	□Grandparents □Otl	ner (	)]
	THIEF		I-IO ETICT			/ 1
□Yes		rsery in the Place	e past?			]
	s Health Condition					
①Health (	-		T			_
1-month old	□ Done □ Not Yet	Any Advice	□ No	□ Yes→【Details		<u>]</u>
4-months old	□ Done □ Not Yet	Any Advice	□ No	<pre>□ Yes→【Details</pre>		]
10-months old	□ Done □ Not Yet	Any Advice	□ No	<pre>□ Yes→【Details</pre>		]
18-months old	□ Done □ Not Yet	Any Advice	□ No	□ Yes→【Details		]
3 years and 6- months old	□ Done □ Not Yet	Any Advice	□ No	□ Yes→【Details		1
②Any Dise						
	☐ Yes→【Name of the disease:			],[From	/ /	]
3Any Alle	-				•	
□ No □ ②Vaccinat	☐ Yes→【What allergies?  tions				<u> </u>	
_	essing well/not yet inocu	lated just a	ftar hirt	th   Not progress	ina well	
⑤Seizures		tateu just a	ווכו טווי	tii 🗀 Not progress	ing well	
_	Yes→【Name of the disease :			]、[How old :	How many times	:: 1
<pre>6Physica</pre>				21.1		•
□Walke b	y themself □Walks while	halding com	othina 🗆	Crawle □Able to sit	un □Uolde hi	c/har haad un
		HULUTHY SUM		CLAMI2 - ADIG 10 211	up 🗆 III tus III	15/11e1 lleau up
	g (Japanese)					
□Speaks □Makes s	clearly $\square$ Three word sounds (such as ah and oo		□ Iwo wo	rd sentences □Ju	st vocabulary	
®Meals	ounce (eden de un una de					
_	th cutlery □Needs adu	lt's help	□Infant	meals □Baby food	□Milk onl	.y
‰Are the	re any foods you can't e	at due to you	ır religi	on?		
□No	□Yes→【Foods:					]
9Using th		C 11 1				1.
	the bathroom alone	Can't go alor	ne but te	ells adults they need	i to go ⊔U	ses diapers
<pre></pre>	it by themself □Can d	n it with an	adult's	heln □Needs an ad	dult to do it	
Can do	Tt by themsett — can u	O IL WILLI ALI	addit 3	incip — inccus an a	dutt to do it	
①Please de	escribe any other health	conditions o	r conside	erations required at	the nursery.	
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