

様式第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
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Dear Mayor of Fukushima City,
I hereby submit the following application.

Guardian	Name		P h o n e	Father	-	-	Does your child have a disability?	
				Mother	-	-		
				()	-	-	YES · NO	
Child you want to admit	Name		Date of Birth		Grade		Type :	
	Sex	M · F	YYYY / MM / DD					
			Individual Number				宛名番号 (※市記入欄)	
Current Address		(〒 -)						
Address on Jan 1, 2024								
C e r t i f i c a t i o n	☐ Category1	kinder-garten						
	☐ Category2 (Over 3years Old)	Nursery schools you are applying for	1st choice			4th choice		
			2nd choice			5th choice		
	☐ Category3 (Under 3years Old)		3rd choice			6th choice		
Conditions for Admission		Please check all that apply to you:						
		Father	☐ Work ☐ Pregnancy and Childcare ☐ Disease or Disability ☐ Nursing ☐ Affected by a Disaster ☐ Job Searching ☐ School Attendance ☐ Other					
		Mother	☐ Work ☐ Pregnancy and Childcare ☐ Disease or Disability ☐ Nursing ☐ Affected by a Disaster ☐ Job Searching ☐ School Attendance ☐ Other					
Period of Use		From / / To / /		Time of Use		From : To : Short · 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	Sex	Do they have a disability?	Workplace, School, etc.	Living
		Individual Number				
	Father	YYYY / MM / DD	M	Yes · No		Together · Apart
	Mother	YYYY / MM / DD	F	Yes · No		Together · Apart
		YYYY / MM / DD	M · F	Yes · No		Together · Apart
		YYYY / MM / DD	M · F	Yes · No		Together · Apart
		YYYY / MM / DD	M · F	Yes · No		Together · Apart
		YYYY / MM / DD	M · F	Yes · No		Together · Apart
		YYYY / MM / DD	M · F	Yes · No		Together · Apart

Are you a welfare recipient?	☐ No ☐ Yes (From / /) ☐ Pending
Are you a single parent?	☐ Divorce ☐ Bereavement ☐ Unmarried ☐ Other
Are you a victim of domestic violence?	☐

The city will fill in this section.	利用施設名	入所・退所日	新規・転所
本人確認	1. 提出者（申請者・申請者以外）⇒ 申請者以外の場合、委任状の有無（有・無）		滞納 有・無
	2. 申請者の個人番号確認（可・不可）、情報連携記録の開示について（希望する・希望しない）		
	3. 提出者の本人確認（個力・運免・保険・不可）		CW 保健師

① Who is taking care of your child now?

☐Relative → ☐Father ☐Mother ☐Grandparents ☐Other ()
☐Nursery 【Place : 】
☐Child is taken to work → ☐With ☐Father ☐Mother ☐Grandparents ☐Other ()

② Has your child attended any nursery in the past?

☐Yes → 【Place 】

Your Child's Health Condition

① Health Checkup

1-month old	☐ Done ☐ Not Yet	Any Advice	☐ No ☐ Yes→【Details 】
4-months old	☐ Done ☐ Not Yet	Any Advice	☐ No ☐ Yes→【Details 】
10-months old	☐ Done ☐ Not Yet	Any Advice	☐ No ☐ Yes→【Details 】
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 】
5 years old	☐ Done ☐ Not Yet	Any Advice	☐ No ☐ Yes→【Details 】

② Any Diseases

☐ No ☐ Yes→【Name of the disease : 】，【From / / 】

③ Any Allergies

☐ No ☐ Yes→【What allergies? 】

④ Vaccinations

☐ Vaccinations are up to date ☐ Not vaccinated

⑤ Seizures

☐ No ☐ Yes→【Name of the disease : 】，【How old : How many times : 】

⑥ Physical Ability

☐ Walks by themselves ☐ Walks while holding something ☐ Crawls ☐ Able to sit up ☐ Holds his/her head up

⑦ Speaking (Japanese)

☐ Speaks clearly ☐ Three word sentences ☐ Two word sentences ☐ Just vocabulary
☐ Makes sounds (such as ah and ooh)

⑧ Meals

☐ Eats with cutlery ☐ Needs adult's help ☐ Infant meals ☐ Baby food ☐ Milk only

※Are there any foods you can't eat due to your religion?

☐ No ☐ Yes→【Foods: 】

⑨ Using the Toilet

☐ Goes to the bathroom alone ☐ Can't go alone but tells adults they need to go ☐ Uses diapers

⑩ Wearing Clothes

☐ Can do it by themselves ☐ Can do it with an adult's help ☐ Needs an adult to do it

⑪ Please describe any other health conditions or considerations required at the nursery.