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

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

Guardian	Name		Phone	Father	– –	Does your child have a disability?
				Mother	– –	YES ・ NO
				(　)	– –	
Child you want to admit	Name		Date of Birth (YYYY / MM / DD)		Grade	Type :
	Sex	M ・ F	Individual Number			宛名番号 (※市記入欄)
Current Address	(〒　–　)					
Address on Jan 1, ____						

Certification	☐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		Time of Use		
From	/ /	From	To	Short・Standard
To	/ /	:	〜 :	

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	Relationship	Date of Birth / Individual Number	Sex	Do they have a disability?	Workplace, School, etc.	Living
	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） 、 情報連携記録の不開示について （希望する・希望しない）					
	3. 提出者の本人確認 （個カ・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 ( )】

②Has your child attended any nursery in the past?

☐Yes → 【Place 】

Your Child's Health Condition

①Health 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 】

②Any Diseases

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

③Any Allergies

☐ No ☐ Yes→【What allergies? 】

④Vaccinations

☐ Vaccinations are up to date ☐ Not vaccinated

⑤Seizures

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

⑥Physical Ability

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

⑦Speaking (Japanese)

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

⑧Meals

☐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: 】

⑨Using the Toilet

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

⑩Wearing Clothes

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

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