

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.

(4) Approval can be cancelled if an application is found to contain false information.

(5) 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.

Reason for requesting certification	<input type="checkbox"/> To apply for the use of childcare facilities	<input type="checkbox"/> To use (or plan to use) a company-led daycare center 【Name of the facility : _____】 【Desired start date of certification (yyyy/mm/dd) : _____ / _____ / _____】 ※Certification from a date prior to the date of application submission is not acceptable.
		Item 1 ~ Item 3
Necessary items to fill in	Item 1 ~ Item 4	Item 1 ~ Item 3

Item 1 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?		<input type="checkbox"/> No <input type="checkbox"/> Yes (Contents :)	
Disability Certificate		<input type="checkbox"/> No <input type="checkbox"/> Yes (Contents :)	
Receiving day care support for children with disabilities		<input type="checkbox"/> No <input type="checkbox"/> Yes (Contents :)	
Injuries or illness under medical treatment		<input type="checkbox"/> No <input type="checkbox"/> Yes (Contents :)	
Allergies		<input type="checkbox"/> No <input type="checkbox"/> Yes (Contents :)	
Current childcare status	<input type="checkbox"/> Kindergarten <input type="checkbox"/> Temporary care <input type="checkbox"/> Unauthorized childcare facility (If you check any of the above, please write the facility name here:) <input type="checkbox"/> At home <input type="checkbox"/> Relatives or acquaintances <input type="checkbox"/> come with to company <input type="checkbox"/> Other ()		
Preferred childcare hours	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? <input type="checkbox"/> Standard daycare hours (7a.m. ~6 p.m.) <input type="checkbox"/> Short daycare hours (8 hours ※opening hours may differ depending on the facilities.)		

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)			
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 2025/1/1)	<input type="checkbox"/> Sapporo <input type="checkbox"/> Other municipalities ()	Resident Registration (As of 2025/1/1)	<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.) <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		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	
Name of workplace/school		Name of workplace/school	
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
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		