Application for Certification for Approval 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. 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. □To use (or plan to use) a company-led daycare center Name of the facility: Reason for requesting ☐To apply for the use of [Desired start date of certification (yyyy/mm/dd): certification childcare facilities *Certification from a date prior to the date of application submission is not acceptable. Necessary items to Item 1∼Item 4 Item 1∼Item 3 fill in 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? \square No \square Yes (Contents: Disability Certificate □No □Yes (Contents:) Receiving day care support for children with disabilities □No □Yes (Contents: Injuries or illness under medical treatment \square No \square Yes (Contents: **Allergies** \square No \square Yes (Contents: □Kindergarten □Temporary care □Unauthorized childcare facility (If you check any of the above, please write the facility name here: Current childcare status □At home □Relatives or acquaintances □come with to company 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? Preferred childcare hours □Standard daycare hours (7a. m. ~6 p. m.) □Short daycare hours (8 hours **Opening hours may differ depending on the facilities.) Item Regarding the guardian(s) (*Required) Guardian 2 Guardian 1 (Applicant) (Living with the guardian 1 \square Yes \square No) □Father □Mother □Other(□Father □Mother □Other(Relationship type Relationship type Furigana Furigana Name Name Date of birth Date of birth (yyyy/mm/dd) (yyyy/mm/dd) Resident Registration Resident Registration □ Sapporo □ Sapporo (As of 2023/1/1) □Other mu<u>nici</u>palities ((As of 2023/1/1) □Other municipalities (Contact Contact □Yes Presence of disability □None □Yes Presence of disability □None Reason for requiring childcare (Please attach documents to prove it) Reason for requiring childcare (Please attach documents to prove it.) □Working* (□For 120 hrs or more per month □For 64-119 hrs per month) □Working* (□For 120 hrs or more per month □For 64-119 hrs per month) □School* (□For 120 hrs or more per month □For 64-119 hrs per month) □School* (□For 120 hrs or more per month □For 64-119 hrs per month) *Break time is included, but commuting time is not included. *Break time is included, but commuting time is not included. \square Caring for a family member, etc. □Caring for a family member, etc. (□For 120 hrs or more per month □For 64-119 hrs per month) (□For 120 hrs or more per month □For 64-119 hrs per month) □Illness · disability □Seeking employment □Pregnancy · childbirth $\Box Illness \cdot disability \ \Box Seeking employment \ \Box Pregnancy \cdot childbirth$ Name of workplace/school Name of workplace/school Zip

Address

Another address (If the guardian 2 lives alone or in a separate household, fill in here.)

Zip

Expected delivery		Estimated due date: / / (yyyy/mm/dd) After the childbirth Acquire childcare leave (until / (yyyy/mm/dd))						/ (yyyy/mm))	
of a baby		Large Large Land Land Large La)	
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 Relationship Name of the workplace school (grade) daycare									
****		Name with the applicant child			Date of bi	birth Name of the workplace, school (grade), daycare facility, presence of handicaps			
					/ /	,	Workplace, school, daycare fa	cility etc.	
Family					(yyyy/mm/d		□Currently using a daycare fac □Have a Certificate of the D	isability	
					/ /		Workplace, school, daycare fa	cility etc.	
members					(yyyy/mm/d	ld)	□Currently using a daycare fac □Have a Certificate of the D		
living					/ /		Workplace, school, daycare fa	cility etc.	
g together					(yyyy/mm/d	ld)	□Currently using a daycare fac □Have a Certificate of the D	isability	
her					/ /		Workplace, school, daycare facility etc.		
					(yyyy/mm/d		□Currently using a daycare fac □Have a Certificate of the D	isability	
Se fami					, , ,		Address · Workplace, school, d	aycare facility etc.	
Separated family members				/ / (yyyy/mm/dd		ld)			
ed bers							□Currently using a daycare facility or a kindergarten □Have a Certificate of the Disability		
Composition Composition									
status ☐ Single-parent household (Since / (yyyy/mm) / Receiving child support allowance : ☐ Yes ☐ No)									
There is a family member(s) with disabilities (□Receiving child-care allowance (Jidou fuyo teate) □Receiving disability pension)									
Item 4 Regarding the desired place of admission and intended period of use.									
Pre			Name of f	(*only v			Reason for your choice	Scheduled visit	
Preferred facilities and peri (*except for kindergartens)	Fir	st						Done · Not yet	
ed fa	choice		(Location: ward)					(/) (mm/dd)	
or I	Second choice (Location					ward)		Done • Not yet (/) (mm/dd)	
ties inder	Thi choi			Done · Not yet					
and gart	Four			(Location: ward)				(/) (mm/dd) Done • Not yet	
peri ens)	choi Fif			(Location: ward)				(/) (mm/dd) Done • Not yet	
od	choi		(Location: ward) (/)(mm/dd)						
Pre	eferred	period		From(yyyy/mm/dd) (□Before entering elementary school □From/ (yyyy/mm/dd))					
Application status Under application (Name of facility: *If you are under application for a kindergarten (Prefer a child day)		
Application of siblings									
Preference for attendance to start Put all of them on the waiting list Put one child in a facility When they have to be enrolled separately in different facilities									
at the same time									
□Yes □No □Prefer to enter same facility together □Prioritize the choice order									