

Expected delivery of a baby	<input type="checkbox"/>	Expecting a baby Estimated due date : / / (yyyy/mm/dd)	After the childbirth <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 (yyyy/mm/dd)	Name of the workplace, school (grade), daycare facility, presence of handicaps	
	Name				Workplace, school, daycare facility etc.	
Family members living together				/ / (yyyy/mm/dd)	<input type="checkbox"/> Currently using a daycare facility or a kindergarten <input type="checkbox"/> Have a Certificate of the Disability	
				/ / (yyyy/mm/dd)	<input type="checkbox"/> Currently using a daycare facility or a kindergarten <input type="checkbox"/> Have a Certificate of the Disability	
				/ / (yyyy/mm/dd)	<input type="checkbox"/> Currently using a daycare facility or a kindergarten <input type="checkbox"/> Have a Certificate of the Disability	
				/ / (yyyy/mm/dd)	<input type="checkbox"/> Currently using a daycare facility or a kindergarten <input type="checkbox"/> Have a Certificate of the Disability	
				/ / (yyyy/mm/dd)	<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	
				/ / (yyyy/mm/dd)	<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.				<input type="checkbox"/> I can pick up and drop off my child.	
	Transportation to and from daycare centers by private vehicle.				<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)		
	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		