

# Application for Approval for Childcare Services

<2・3号申請用>

To the Mayor of Sapporo

Date (yyyy/mm/dd) : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- (1) Understand that the schedule will be as the following in the case of your application is for the entrance from April, 2022.
  - ・First adjustment period (in principle from November to the designated deadline of first period) ⇒ Result notified in February.
  - ・Second adjustment period (from the day after the designated deadline of first period to the designated deadline of second period) ⇒ Result notified in March.
- (2) The municipality accesses and/or collects my (and all members of the same household' s) Resident Tax information and information about my household.
- (3) 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
- (4) Approval will be cancelled if false reports are found to have been submitted.
- (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.

I hereby agree to the items above upon making this application until the end of the approval process of the application.

Child for who the application is being made ↓ 【Relationship】 The guardian' s (.....)	Name											Date of birth (yyyy/mm/dd)	/ /	
	“My Number”											Health check-up record	4 months ・ 10months ・ 18months 3years ・ 5years	
	Are there any remarks at previous health check-ups?											<input type="checkbox"/> No <input type="checkbox"/> Yes (Contents : ..... )		
	Physical Disability Certificate											<input type="checkbox"/> No <input type="checkbox"/> Yes (Contents : ..... )		
	Receiving Outpatient Development Support											<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 : ..... )		

Guardian ↓ 【Relationship】 The child' s Father ・ Mother Others (.....)	Address	Zip..... — .....										Ward, Sapporo		
	Name											Date of birth (yyyy/mm/dd)	“My Number”	
	Status	Name of company/school												
		Presence of disability										<input type="checkbox"/> Have a Certificate of the Physically Disability		

Contact Number  
 Father : ..... — ..... / Mother : ..... — .....  
 Others (Relationship : ..... ) : ..... — .....

	Name	Relationship with the child	Date of birth	Employment details (name of company, under seeking employment, etc.), name of school (grade), name of the daycare facility, presence of handicaps(grade), etc.
			“My Number”	
Family members living together other than the above *1			(yyyy/mm/dd) / /	Workplace etc. <input type="checkbox"/> Currently using kindergartens and company-led childcare facilities <input type="checkbox"/> Have a Certificate of the Physically Disability
			(yyyy/mm/dd) / /	Workplace etc. <input type="checkbox"/> Currently using kindergartens and company-led childcare facilities <input type="checkbox"/> Have a Certificate of the Physically Disability
			(yyyy/mm/dd) / /	Workplace etc. <input type="checkbox"/> Currently using kindergartens and company-led childcare facilities <input type="checkbox"/> Have a Certificate of the Physically Disability
			(yyyy/mm/dd) / /	Workplace etc. <input type="checkbox"/> Currently using kindergartens and company-led childcare facilities <input type="checkbox"/> Have a Certificate of the Physically Disability
Separated family members *2			(yyyy/mm/dd) / /	Address/Workplace etc. <input type="checkbox"/> Transferred on business without family <input type="checkbox"/> Being in school <input type="checkbox"/> Other <input type="checkbox"/> Have a Certificate of the Physically Disability
			(yyyy/mm/dd) / /	Address/Workplace etc. <input type="checkbox"/> Transferred on business without family <input type="checkbox"/> Being in school <input type="checkbox"/> Other <input type="checkbox"/> Have a Certificate of the Physically Disability

\*1 In the “Family members living together other than above” section, write in all the family members living together even if the households differ on the resident registration.  
 \*2 In the “Separated family members in Japan” section, write in family members who shared living expense such as guardians who are transferred on business without family, or siblings who live separately to go to school.

Family's current status	<input type="checkbox"/> Single parent	Since _____ / _____ (yyyy/mm). Reason) <input type="checkbox"/> Divorce/Bereavement <input type="checkbox"/> Unmarried
	<input type="checkbox"/> Receiving child-care allowance	Since _____ / _____ (yyyy/mm).
	<input type="checkbox"/> Receive benefits, such as welfare benefits or the benefit for Japanese orphans in China	Since _____ / _____ (yyyy/mm).
	<input type="checkbox"/> Pregnant	Estimated due date : _____ / _____ / _____ (yyyy/mm/dd) (Multiple births⇒ <input type="checkbox"/> <input type="checkbox"/> Acquire only maternity leave <input type="checkbox"/> Quit work before childbirth <input type="checkbox"/> Acquire childcare leave (until _____ / _____ (yyyy/mm).
	<input type="checkbox"/> Able to use car for commuting to institute	※It does not affect the selection result
	<input type="checkbox"/> Having family members with disabilities	<input type="checkbox"/> Receiving special child support allowance <input type="checkbox"/> Receiving basic disability pensions
	<input type="checkbox"/> If a guardian lives in other municipalities than Sapporo (or moved in Sapporo)	Place of registered residence as of <u>January 1, 2021</u> *1 Father (_____): <input type="checkbox"/> Other municipalities (Name: _____) Mother (_____): <input type="checkbox"/> Other municipalities (Name: _____)
	Regarding Guardians	Guardians*1 Reason for requiring childcare (Please check the applicable items) *2
Father (_____)	<input type="checkbox"/> Working ( <input type="checkbox"/> For 120 hours or more per month <input type="checkbox"/> For 64-119 hours per month) <input type="checkbox"/> Pregnancy・childbirth <input type="checkbox"/> School ( <input type="checkbox"/> For 120 hours or more per month <input type="checkbox"/> For 64-119 hours per month) <input type="checkbox"/> Illness・disability <input type="checkbox"/> Caring for a family member, etc. ( <input type="checkbox"/> For 120 hours or more per month <input type="checkbox"/> For 64-119 hours per month) <input type="checkbox"/> Seeking employment	
Mother (_____)	<input type="checkbox"/> Working ( <input type="checkbox"/> For 120 hours or more per month <input type="checkbox"/> For 64-119 hours per month) <input type="checkbox"/> Pregnancy・childbirth <input type="checkbox"/> School ( <input type="checkbox"/> For 120 hours or more per month <input type="checkbox"/> For 64-119 hours per month) <input type="checkbox"/> Illness・disability <input type="checkbox"/> Caring for a family member, etc. ( <input type="checkbox"/> For 120 hours or more per month <input type="checkbox"/> For 64-119 hours per month) <input type="checkbox"/> Seeking employment	

\*1 If the parent/guardian is not the father or mother, please cross through with double lines, and write in the section of ( ) with relationship.

\*2 "At work" indicates working time including break time, but not including commuting time.

Preferred facilities and period	Preferred service hours	Service hours (the number of hours your child is cared for) will be decided according to the guardians' working situation. However, please check which category of daycare 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.)			
	Current state of childcare	<input type="checkbox"/> Kindergarten <input type="checkbox"/> Temporary childcare <input type="checkbox"/> Unauthorized daycare center (If you choose any of above → Name of institute: _____) <input type="checkbox"/> At home <input type="checkbox"/> Parents/Relatives <input type="checkbox"/> Come with to company <input type="checkbox"/> Others			
	Preferred facilities (except for kindergarten)	Name of facility (provider)		Reason	Scheduled visit date
		First choice	(Location: ward)		Done・ _____ (mm/dd) Not yet (____/____)
		Second choice	(Location: ward)		Done・ _____ (mm/dd) Not yet (____/____)
		Third choice	(Location: ward)		Done・ _____ (mm/dd) Not yet (____/____)
		Fourth choice	(Location: ward)		Done・ _____ (mm/dd) Not yet (____/____)
		Fifth choice	(Location: ward)		Done・ _____ (mm/dd) Not yet (____/____)
Preferred period	From _____ / _____ / _____ (yyyy/mm/dd) to _____ / _____ / _____ (yyyy/mm/dd)				
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"/> Enter one child ② When they have to go different facilities <input type="checkbox"/> Put all of them <input type="checkbox"/> Enter the separate institute →When you choose "Enter the separate institute" ... <input type="checkbox"/> Prefer to enter same institute together <input type="checkbox"/> Prioritize the choice order				
Application to kindergarten	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Under application ※If you answer "Yes" → (Name of facility _____) ※If you answer "Under application" ( <input type="checkbox"/> Prefer a child daycare center <input type="checkbox"/> Prefer a kindergarten)				

\*市町村使用欄

① 番号確認 <input type="checkbox"/> 個人番号カード <input type="checkbox"/> 通知カード <input type="checkbox"/> マイナンバーが記載された住民票			
② 身元確認 <input type="checkbox"/> 郵送または使用者による申請			
1 種類	<input type="checkbox"/> 個人番号カード <input type="checkbox"/> 運転免許証 <input type="checkbox"/> 在留カード・特別永住証明書 <input type="checkbox"/> 旅券 (パスポート) <input type="checkbox"/> 身体障害者手帳・精神障害者保健福祉手帳・療育手帳 <input type="checkbox"/> その他	2 種類	<input type="checkbox"/> 年金手帳 <input type="checkbox"/> 健康保険証 <input type="checkbox"/> その他
<input type="checkbox"/> ____月 ____日 ①・②の確認ができなかったため保護者の同意を得てマイナンバーの記載を塗抹する <input type="checkbox"/> システムで個人番号確認			
(備考) ③ 支給認定証の交付を希望する <input type="checkbox"/>			