

Sample Application: 長

•Do not use an erasable pen to fill in your application.

•If you need to erase a mistake, do not use correction fluid or tape, but rather cross it out with two lines .

If your address has changed since the time you applied, please write your former address in the former address section below, and write your address in the current address section. If the child has any older siblings enrolled, please have the same guardian apply for them as well.

年 月 日

I wish to apply for a kindergarten/child-care subsidy eligibility certificate (a certificate related to the kindergarten/child-care facility subsidy and infant - 2-year-old child-care subsidy) as well as apply to use a corresponding facility or provider (hereby referred to as "facilities, etc.,").

Additionally, I consent to Gifu City viewing municipal tax information (including information from other members of my household), general household information, information about receiving public assistance, and any information about child-care support payments that is relevant to this application. I also consent to my usage and meal fees that were calculated based on the above information being submitted to facilities, etc.

If more time is needed to determine information relevant to this application due to the guardian's working conditions or illness and the city receives a high volume of applications, I agree to Gifu City sending me my kindergarten/child-care subsidy eligibility certificate 30 days after the city receives my application.

Child's Guardian

Gifu City

Address

Former: 岐阜県美濃市〇〇町△△番地

Current: 町40番地1

Phone Number 058-〇〇〇-〇〇〇〇

Full Name 岐阜 保子

Child Being Applied for	Full Name (in lower box)	Date of Birth (YYYY/MM/DD)	Sex (M・F)	Age	Individual Number (My Number)	Preferred Usage Time
	岐阜 ハナコ	令和5. 1. 20	男	2歳	令和5年4月1日現在	1 Part-time service (8 hours max) 2 Full-time service (11 hours max)

※教育・保育給付認定の申請だけをご希望の方は、1及び3を記入してください。

1 Household Details

Terms	Full Name (in lower box)	Relationship	Date of Birth	Sex (M・F)	Residence Number (house right)	Occupation	Additional Info.
Members of the Applying Child's Household	キヲ イロハ	父	昭和				
	岐阜 一郎						
	キヲ ヤス	母	昭和01. 1. 23	女			
	岐阜 保子						
	キヲ タカ						
	岐阜 太郎					〇〇小学校 4年生	Please write the child's academic grade as of April 1, 2025.
	キヲ サカ					京町保育園 入所中	Please list all members of your household, including grandparents. If anyone is unemployed, please write that in the occupation section. Please list all members of the household regardless of if a member is living in a
	岐阜 さくら						
	キヲ ムサシ	祖父	昭和35. 9. 20	男・女			
	岐阜 重三	祖母	昭和37. 8. 29	男・女			
キヲ トキ							
岐阜 富子							

Public Assistance Status

1 Not receiving 2 Applying 3 Already receiving (start date: YYYY/MM/DD)

Addresses One and Two Years Previous to Application Date (please fill these in if they are different from your current address)

令和6年1月1日 時点 岐阜県都市市

令和7年1月1日 時点 愛知県名古屋市

For those that have moved in the past year or two, please write where your certificate of residence was registered to as of January 1, 2024 and January 1, 2025. Additionally, if the parents lived in separate residences, please write the municipalities that both lived in (these will be used to determine daycare usage fees).

2 Usage Details

Application Terms	Facility Name	Reason for Choice	Requested Usage Period	(YYYY/MM/DD)
1st Choice	〇〇保育所	1 Close to our home 2 Close to where I work 3 Other ( )	Requested Usage Times (24-hr format)	Weekdays : ~ : Saturday : ~ :
2nd Choice	▲▲保育園	•If over three years old...please write the time that you wish to enroll in the service with it ending just before the child enters elementary school. •If below three years old...please write the time that you wish to enroll in the service and have the ending date be two days before the child's third birthday.	Do you wish to use other facilities in the event that you are unable to use any that you have requested? 1 Yes 2 No	
3rd Choice	◆◆認定こども園		About Enrolling at the Same Time With Siblings	

Child's Current Living Conditions

1 Raised by Guardians 2 Raised by Grandparents (different residence from parents) 3 Other ( )

1 Only if using the same facility 2 Even if using different facilities

3 Usage reasons (for parents)

Terms	Father's Information	Mother's Information	
Work・Classes・Searching for employment・Disaster Recovery	Reason	Work・Classes・Searching for Employment・Disaster Recovery	
	Name	〇〇商事(株)	
	Address	岐阜市〇〇町〇丁目〇〇番地	
	Phone Number	〇〇〇-〇〇〇-〇〇〇〇	
	Work/Class Details	事務機器販売の営業	
	Times at Work or Class (24-hr format)	Time Spent on Breaks	
	Weekday	8:00~18:00 60 分	就労・就学時間(24時間表記) うち休憩時間
	Saturday	9:00~12:00 0 分	9:00~16:30 45 分
	Sun/Public Holidays	: ~ : 0 分	8:30~12:30 0 分
	Monthly Work hour(s)	180 hours (including 1200 min. spent on breaks)	120 時間 分(月合計時間) うち休憩時間 900 分
Pregnancy・Childbirth	出産(予定)日	(YYYY/MM/DD)	
Illness/Injury・Physical/Mental Disability	Person who is being caring for/nursed: If you are requesting childcare services due to caring for or nursing someone, please fill in the name of that person and their relationship with the child being applied for.	介護・看護対象者	
Caring for or Nursing a Family Member Living in the Same Household	1 Needs constant nursing 2 Unable to take care of child 3 Able to take care of child	1 常時看護人 2 精神障害者 3 療育手帳	

※岐阜市記載欄

認定の可否

認定証番号

認定区分

支那期間

利用施設名

備考

可・否

口保育所 口認定こども園 口地域型(小・事・家・居)施設等名