

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.

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: 司町40番地1

Phone Number 058-〇〇〇-〇〇〇〇 Full Name 岐阜 保子

年 月 日

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
	ギフ ハナコ 岐阜 花子	R 7. 1 . 22	男・ ☒ 女	令和9年4月1日現在 2歳	If working at a different address than your family or otherwise have a different address, please write your current address here.	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)	Reason (number from right column)	Occupation (if a student, please write your academic grade)	Additional Info.
Members of the Applying Child's Household	ギフ イロウ 岐阜 一郎	父	☒ H 54				〇
	ギフ ヤスコ 岐阜 保子	母	☒ H 61. 9 . 12	女			
	ギフ 知ウ 岐阜 太郎					〇〇小学校 4年生	Please write the child's academic grade as of April 1, 2027.
	ギフ サクラ 岐阜 さくら					京町保育所 入所者	
	ギフ ジュウウ 岐阜 重三	祖父	☒ H 35. 7 . 25	男・女		会社	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
	ギフ トヨ 岐阜 富子	祖母	☒ H 37. 2 . 19	男・女		パート	
	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8年1月1日 時点 岐阜県郡上市							
令和9年1月1日 時点 愛知県名古屋市							

Usage times

・Part-time service・・・8 hours or less a day (Those working or attending classes need to do so for 60 hours or more every month)

・Full-time service・・・11 hours or less a day (Those working or attending classes need to do so for 120 hours or more every

5 Working towards disaster recovery

6 Searching for employment

7 Attending classes (including training for work, etc.)

8 Other condition equivalent to those listed above

*Other details ()

施設利用記録欄(岐阜市記載)

利用施設名	年度	整理番号

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, 2026 and January 1, 2027. 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	: ~ :
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.		Saturday	: ~ :
3rd Choice	◆◆認定こども園		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		
Child's Current Living Conditions			About Enrolling at the Same Time With Siblings		
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	① Work Classes・Searching for Employment・Disaster Recovery	*If your reason is due to searching for employment or disaster recovery, you do not need to fill in any further information. The same applies if your reason is work and you are submitting an employment certification form, but you will still need to write your commute time.		If your reason is due to work, you will have to submit an employment certification form. If doing so, you can avoid filling in information already written on the form, but you are still required to write your commute time. (If applying for proof that your child cannot enroll, please write all info.)
	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			
	Place of employment/ where takes classes	(内容詳細) 事務機器販売の営業		(内容詳細) 弁護士補助業務	
	Work/Class Details	Times at Work or Class (24-hr format)		Time Spent on Breaks	
	Weekday	8:00~18:00		60 分	
	Saturday	9:00~12:00		0 分	
	Sun/Public Holidays	: ~ :		分	
	Monthly Work	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)	
Commute Time	hour(s) 30 minute(s) *please fill in how long it takes to get to your workplace or where you take classes		時間 40 分 ※勤務(就学)先と施設間の片道の所要時間を記入してください。		
Pregnancy・Childbirth				出産(予定)日	(YYYY/MM/DD)
Illness/Injury ・ Physical/Mental Disability ・ Caring for or Nursing a Family Member Living in the Same Household	Caregiving・Nursing	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.		Relationship With Child	
	Extent of Illness or Injury	1 Needs constant nursing 2 Unable to take care of child 3 Able to take care of child		介護・看護対象者	子どもの結核
	Disabilities (status of issued certificates)	1 Physical Disability Certificate Lvl. 2 Mental Disability Certificate Lvl. 3 Intellectual Disability Certificate		※看護・介護を理由	
	Additional Information:			1 常時看護人 2 身体障害者 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	支給期間	利用施設名	備考
可・否		標 号 短	自 至	☐ 保育所 ☐ 認定こども園 ☐ 地域型(小・事・家・居) 施設等名	