

Application for Approval of Education & Childcare Benefits/
Application for Use (or Continued Use) of a Childcare Facility

To the Mayor of Tokushima City

I hereby apply for grant approval of facility or community-based childcare benefits.

In order to determine my qualification for education/childcare benefits, the childcare fees I must pay, exemptions from non-staple food fees, and supplementary benefit programs, I agree to allow Tokushima City to access and examine information regarding my household, including the resident tax information of all household members, and for the decisions based on this information to be shared with the relevant education or childcare facilities.

To the Head of the Tokushima Welfare Office

I hereby apply for enrollment into (or continued use of) a childcare facility as follows.

Date: / / (YYYY/MM/DD)

Applicant Child	Furigana		Sex		Date of Birth		Age	
	Name				/ /		years	
				1st · 2nd · () child		(As of Apr. 1, 2023)		
Parent/ Guardian	Furigana		Phone Number	① Relation:				
	Name			② Relation:				
				③ Relation:				
			(Fill in the numbers in order of preference)					
Address	〒							
	As of January 1, 2022	Father	Tokushima City?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Address: []		
		Mother	Tokushima City?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Address: []		
	As of January 1, 2023	Father	Tokushima City?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Address: []		
		Mother	Tokushima City?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Address: []		
Application Status at Other Facilities (Do you have any concurrent applications?)	<input type="checkbox"/> Yes (I also applied to a kindergarten or other facility)			Name of Facility				
<input type="checkbox"/> No (Only applying through this application form)			* You cannot apply to a Type 1 municipal certified childcare center and another childcare facility concurrently.					
Status of Applicant Child	Allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Disabilities or illnesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Status of Household	Single Parent Household?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Household members w/ disability certificate, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you receiving public assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

① Household Status

*List all of the people that live with you (including those who are not part of your family unit), as well as the parents and siblings of the applicant child, even if they do not live at the same residence.

(Furigana) Name	Relation to Child	Date of Birth	Age	Work, daycare, etc. As of Apr. 1, 2023	Status of childcare facility usage/application	Note	(City Use) 徳島市チェック欄 (申請者は記入不要)
1					<input type="checkbox"/> Using <input type="checkbox"/> Applying for	<input type="checkbox"/> certified facility <input type="checkbox"/> non-certified facility	<input type="checkbox"/> 育休明け・短縮予定 (~年 月 日) <input type="checkbox"/> 保護者の一方が不在 <input type="checkbox"/> 保育士等 <input type="checkbox"/> 卒園児等 <input type="checkbox"/> 1号→2号 <input type="checkbox"/> 兄弟姉妹が利用中 <input type="checkbox"/> 兄弟姉妹で同施設を同時申込 (同月同所・同月別所・一人でも先に)
2					<input type="checkbox"/> Using <input type="checkbox"/> Applying for	<input type="checkbox"/> certified facility <input type="checkbox"/> non-certified facility	
3					<input type="checkbox"/> Using <input type="checkbox"/> Applying for	<input type="checkbox"/> certified facility <input type="checkbox"/> non-certified facility	
4					<input type="checkbox"/> Using <input type="checkbox"/> Applying for	<input type="checkbox"/> certified facility <input type="checkbox"/> non-certified facility	
5					<input type="checkbox"/> Using <input type="checkbox"/> Applying for	<input type="checkbox"/> certified facility <input type="checkbox"/> non-certified facility	

② Preferred Usage Period & Facilities

Preferred Usage Period	From / / (YYYY/MM/DD)	<input type="checkbox"/> Until enrollment in elementary school	<input type="checkbox"/> Until (Date) / /	
Preferred Facilities	Choice 1	<input type="checkbox"/> Sibling enrolled here	Choice 4	<input type="checkbox"/> Sibling enrolled here
	Choice 2	<input type="checkbox"/> Sibling enrolled here	Choice 5	<input type="checkbox"/> Sibling enrolled here
	Choice 3	<input type="checkbox"/> Sibling enrolled here	Choice 6	<input type="checkbox"/> Sibling enrolled here
Please explain if you have less than 3 preferences:		Choices 7+	<input type="checkbox"/> Sibling enrolled here	

< Notes About Preferred Facilities >

If there are several potential facilities available to you, please indicate at least 3 of them.

※1 If you select 3+ facilities, you will have a higher chance of being granted enrollment.

(However, if there are only 2 or less potential facilities available to you, you will still have the same chance of being approved.)

※2 Withdrawing enrollment after being granted approval will affect your chances of being approved in the future.

※3 Potential facilities are facilities whose opening hours meet the parents' preferences and take less than 20-30 minutes to get to from home using regular transportation methods.

③ Preferred Childcare Hours

*Please note that childcare hours differ depending on the facility.

Preferred Category	<input type="checkbox"/> Standard childcare hours (up to 11 hours)	<input type="checkbox"/> Reduced childcare hours (up to 8 hours)
Preferred Hours	Weekday Hours	From ____ : ____ to ____ : ____
	Childcare on Saturdays?	<input type="checkbox"/> Yes <input type="checkbox"/> No (*If "Yes", please fill out your preferred hours below.)
	Saturday Hours	From ____ : ____ to ____ : ____

Handling of This Application Form

If unavailable from the desired month?	<input type="checkbox"/> I will wait until it is available (assignment for the following month or later)	<input type="checkbox"/> Withdraw my application (no assignment)
Enrollment Refusal (Only fill out if applicable)	<input type="checkbox"/> Yes (I will apply, but do not wish to enroll my child)	NOTE As a general rule, if you wish to refuse enrollment, you will not be assigned usage in the following months.

④ Reasons Childcare is Necessary (Please check the boxes that apply.)

Class No.	Types	Father	Mother	Specific Circumstances			
01	Employment			Works 20 or more days per month	Works 160 or more hours per month	20	
02					Works 140-159 hours per month	18	
03					Works 120-139 hours per month	16	
04					Works 100-119 hours per month	14	
05					Works 64-99 hours per month	12	
06				Works under 20 days per month	Works 160 or more hours per month	20	
07					Works 140-159 hours per month	16	
08					Works 120-139 hours per month	14	
09					Works 100-119 hours per month	12	
0A					Works 64-99 hours per month	10	
11	Pregnancy/Childbirth			If you cannot provide childcare due to pregnancy or having just given birth		16	
21	Illness/Disability of Guardian			Hospitalized	Hospitalized for over 1 month	20	
22					Hospitalized for 2 weeks-1 month	16	
23					Freq. treatment	Goes to a hospital/clinic 4+ days a week	12
24				At-home treatment	Confined to bed, infectious disease, etc.	20	
25					Other illnesses affecting livelihood for which nursing care is necessary	16	
26					Standard recovery (movement/going out restricted but can take care of yourself)	12	
27				Disability	Nursing care required (grade 1-2 physical, grade 1 psychiatric, type A intellectual, or nursing care level 3-5)	20	
28			Interferes w/ childcare (gr. 3 or lower physical, 2 or lower psych., type B intellectual or nursing care level 1-2)		14		
29			Other situations for which childcare is required (needed nursing care/support, etc.)		8		
31	Caring for a Family Member			Providing care for 160 or more hours per month		18	
32				Providing care for 140-159 hours per month		16	
33				Providing care for 120-139 hours per month		14	
34				Providing care for 100-119 hours per month		12	
35				Providing care for 64-99 hours per month		10	
41	Disaster Restoration			Cannot provide childcare as you are restoring your home due to a natural disaster		20	
51	Job Searching			Must leave home often due to job searching or preparing for self-employment		4	
61	Education/Training			Currently attending occupational training school, technical school, university, etc.	Attending school 160 or more hours per month	18	
62					Leaving home to attend school	Attending school 140-159 hours per month	16
63					Attending school 120-139 hours per month	14	
64				Attending school 100-119 hours per month	12		
65				Attending school 64-99 hours per month	10		
66				At-home education (online, etc.)	6		
71	Abuse/Domestic Violence			If you are experiencing or are in danger of experiencing abuse or domestic violence		20	
81	Continuous enrollment during childcare leave			If the parent has taken childcare leave for less than 1 year and the child has been attending a licensed childcare facility (excluding the employee quota for onsite childcare services) for over 3 months		20	
91	Other			Parents are not present (deceased, missing, in custody, etc.)		20	
92				Other reasons deeming the need for childcare services to be particularly high		—	

※ Please fill out the "Child Status Report" and submit it along with this form.

(City Use) 以下は、徳島市記入欄のため、記入しないでください

種別	区分	該当	種別	区分	該当
保護者の状況	ひとり親	16	兄弟姉妹の状況	兄弟姉妹が2・3号利用中の施設を希望	17
	生活保護	4		兄弟姉妹で同じ施設を同時に申請	5
	生計中心者の失業	4		兄弟姉妹に家庭保育児あり	(5)
	虐待・DV	20	世帯の状況	全親族が死亡・行方不明・市外居住	3
	育休明け	14		同居・同敷地内に援助可能な親族あり	(10)
	保護者の一方不在(単身赴任・別居等)	10		市内に援助可能な親族が別居	(1)~(3)
	多胎児妊娠	2	その他	市外居住(転入予定を除く)	(20)
	転所が特に必要(転居等の事情)	6		辞退履歴あり	(15)
	保育士等(市内認可施設で就労)	18		不承諾希望	(50)
	認可外・職場内・一時預(育休中除く)	4		複数希望あり(希望施設3つ以上)	20
未就労→就労内定	12	その他(保育必要性が高い)		—	
申請児童に障害あり	3				
児童の状況	卒園児・受入年齢終了児	23			
	同施設内で1→2号(求職中を除く)	13			
	認可外施設が認可施設へ移行	23			
	待機が1箇月以上継続(転所待機除く)	3			
	申請児童が第3子以降	3			

優先1 (DV)	優先2 (災害)	優先3 (卒園)	優先4 (保育士)	優先5 (ひと親)	優先6 (兄弟)	優先7 (育休)	優先8 (保必)	優先9 (合計)	優先10 (児童数)
0・1	0・1	0・1	0・1	0・1	0・1		0・1		

申請書 配布施設

基準点	優先点	指数合計	加算施設	加算点

受付	システム		指数計算		A I 取込データ		申請書情報		
	入力	入力確認	計算	確認	入力	入力確認	年度	保育所等コード・施設名	受付番号
							R5		