子どものための教育・保育給付認定申請書兼保育園等入園申込書・英語

APPLICATION FORM FOR CERTIFICATION FOR EDUCATION AND CHILDCARE BENEFITS FOR CHILDREN AND APPLICATION FORM FOR ADMISSION TO NURSERY SCHOOL (ETC.)

磐田市長　To the Mayor of Iwata City

磐田市福祉事務所長　宛　To the Head of Iwata City Welfare Office [*Iwata-shi Fukushi Jimu-shochō*]

As follows, I would like to apply for certification for education and childcare benefits for my child, and apply for a nursery school, etc.

Additionally, I agree to allow the viewing of the municipal tax information (including people in the same household) and household information necessary for payment approval, and to communicate the user fee amount defined based on that information to the specific educational and daycare institutions (etc.).

※If you would like to attend a *Yōchien* or a *Nintei Kodomoen* (*Yōchien-waku*), please fill in the name of the institution where you want to join in the 1st option field.

申請児童 Child (applicant)						
現住所 Current address	〒 ☐☐☐ – ☐☐☐☐ Iwata-shi		丁目 *Chōme*	番地 *Banchi*	号 *Gō*	
	(Apartment/Mansion Name)					
My Number	☐☐☐☐☐☐☐☐☐☐☐☐	Birth date	☐*Reiwa* Year ☐☐ M ☐☐ D ☐☐			
フリガナ *Furigana*			Gender	Age in April/1		
氏名 Child's full name			☐ 男 M ☐ 女 F	☐☐ 歳 Years old		

入園希望について Admission request			
施設コード 施設名 Facility Code and Name		施設名 Facility Name	希望理由 Reason for requesting
	第 1 希望 1st option		
	第 2 希望 2nd option		
	第 3 希望 3rd option		
	第 4 希望 4th option		
	第 5 希望 5th option		
Period	*Reiwa* Year ☐☐ Month ☐☐ Day ☐☐ to *Reiwa* Year ☐☐ Month ☐☐ Day ☐☐		
Day of use	☐Mon ☐Tue ☐Wed ☐Thu ☐Fri ☐Sat	Time	☐☐ : ☐☐ to ☐☐ : ☐☐
Certification classification	☐2号認定・3号認定 No. 2 certification / No. 3 certification　☐1号認定 No. 1 Certification		
Required time	☐標準時間（最長11時間）希望 Standard time (max. 11 hrs) *Kibō* [desired].　☐短時間（最長8時間）希望 Short time (max. 8 hrs) *Kibō* [desired].		

・保護者登録者 Registered parent　☐ Father　☐ Mother　☐ Other（　　）

・連絡先優先者 Priority contact person　☐ Father　☐ Mother　☐ Other（　　）

父 Father	
フリガナ *Furigana*	
氏名 Full name	☐ 母子家庭により不在 Please check here if fatherless family (father is absent).
MyNumber ☐☐☐☐☐☐☐☐☐☐☐☐	Birth date ☐*Shōwa* ☐*Heisei* Year ☐☐ M ☐☐ D ☐☐
別居している場合の住所 Address if live separately	
令和7年１月１日現在の住所 Address in 2025/Jan/1	
連絡先(ハイフンは入れず、左詰めで記載してください) Phone No. (Don't use hyphens. Fill from left side).	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

母 Mother	
フリガナ *Furigana*	
氏名 Full name	☐ 父子家庭により不在 Please check here if motherless family (mother is absent).
MyNumber ☐☐☐☐☐☐☐☐☐☐☐☐	Birth date ☐*Shōwa* ☐*Heisei* Year ☐☐ M ☐☐ D ☐☐
別居している場合の住所 Address if live separately	
令和7年１月１日現在の住所 Address in 2025/Jan/1	
連絡先(ハイフンは入れず、左詰めで記載してください) Phone No. (Don't use hyphens. Fill from left side).	☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

申請児童以外の児童Child's siblings	児童との続柄 Relationship	フリガナ *Furigana* 氏名 Full name	生年月日 Birth date	Age in April/1	学校名等 School name	生計関係 Livelihood
			☐*Heisei* ☐*Reiwa* Y M D			☐Together ☐None
			☐*Heisei* ☐*Reiwa* Y M D			☐Together ☐None
			☐*Heisei* ☐*Reiwa* Y M D			☐Together ☐None

世帯状況 Household status				
生活保護受給の有無 Receive *Seikatsu Hogo*?	☐Yes ☐No	開始年月日 Starting date	☐*Heisei* ☐*Reiwa* Y M D	
ひとり親家庭の適用 Single-parent family?	☐Yes ☐No	開始年月日 Starting date	☐*Heisei* ☐*Reiwa* Y M D	
		理由 Reason	☐ 未婚Single ☐ 離別Divorced ☐ 死別Widow(er) ☐ 調停Divorce process ☐ 失踪Disappeared ☐ 服役In prision	
障害世帯の適用 Family member has disability?	☐Yes ☐No	手帳保持者名 Booklet holder's name		児童との続柄 Relationship with child

父方祖父Paternal grandfather ☐ Absent				
フリガナ *Furigana* Full name		Birth date	☐*Shōwa* ☐*Heisei* Y M D	Age in April/1 Years old
Address	☐ 同居 Live together ☐ 同一敷地内 Within the same site ☐ 隣接地 Adjacent land ☐ 市内 In Iwata City ☐ 市外 Another City ☐ 県外 Another Prefecture (*Ken*)			
Work schedule	hrs min. to hrs min. Total: hours			☐ Does not work
Other				

父方祖母Paternal grandmother ☐ Absent				
フリガナ *Furigana* Full name		Birth date	☐*Shōwa* ☐*Heisei* Y M D	Age in April/1 Years old
Address	☐ Same as above ☐ 同居 Live together ☐ 同一敷地内 Within the same site ☐ 隣接地 Adjacent land ☐ 市内 In Iwata City ☐ 市外 Another City ☐ 県外 Another Prefecture (*Ken*)			
Work schedule	hrs min. to hrs min. Total: hours			☐ Does not work
Other				

母方祖父Maternal grandfather ☐ Absent				
フリガナ *Furigana* Full name		Birth date	☐*Shōwa* ☐*Heisei* Y M D	Age in April/1 Years old
Address	☐ 同居 Live together ☐ 同一敷地内 Within the same site ☐ 隣接地 Adjacent land ☐ 市内 In Iwata City ☐ 市外 Another City ☐ 県外 Another Prefecture (*Ken*)			
Work schedule	hrs min. to hrs min. Total: hours			☐ Does not work
Other				

母方祖母Maternal grandmother ☐ Absent				
フリガナ *Furigana* Full name		Birth date	☐*Shōwa* ☐*Heisei* Y M D	Age in April/1 Years old
Address	☐ Same as above ☐ 同居 Live together ☐ 同一敷地内 Within the same site ☐ 隣接地 Adjacent land ☐ 市内 In Iwata City ☐ 市外 Another City ☐ 県外 Another Prefecture (*Ken*)			
Work schedule	hrs min. to hrs min. Total: hours			☐ Does not work
Other				