

**2023  
Fiscal Year**

(April 2023 –  
March 2024)



# Accredited *Kodomoen* • *Hoikuen*

Small-scale Childcare Facilities • Workplace Childcare Facilities

## Enrollment Application Guidelines



Households Requiring  
Childcare

Education/Childcare  
Authorization  
(Type 2 and 3)

- Childcare Support Division, Aoi Welfare Office (Aoi Ward Office 2F)  
5-1 Ote-machi, Aoi Ward 〒420-8602 Tel.054-221-1095
- Childcare Support Division, Suruga Welfare Office (Suruga Ward Office 2F)  
10-40 Minami Yahata-cho, Suruga Ward 〒422-8550 Tel.054-287-8673
- Childcare Support Division, Shimizu Welfare Office (Shimizu Ward Office 1F)  
6-8 Asahi-cho, Shimizu Ward 〒424-8701 Tel.054-354-2358
- Kambara Branch, Shimizu Welfare Office (Kambara Branch Office 1F)  
1-21-1 Kambara-shinden, Shimizu Ward 〒421-3211 Tel.054-385-7790

Scan QR Code to see FAQs



### < Classes by age group for 2023 Fiscal Year >

Classes are grouped by the age of the child as at 1 April 2023. The same applies for applications received throughout the year.

Class Age	Date of Birth	Class Age	Date of Birth
0-year-old class	2 <sup>nd</sup> April 2022 ~	3-year-old class	2 <sup>nd</sup> April 2019 ~1 <sup>st</sup> April 2020
1-year-old class	2 <sup>nd</sup> April 2021 ~1 <sup>st</sup> April 2022	4-year-old class	2 <sup>nd</sup> April 2018 ~1 <sup>st</sup> April 2019
2-year-old class	2 <sup>nd</sup> April 2020 ~1 <sup>st</sup> April 2021	5-year-old class	2 <sup>nd</sup> April 2017 ~1 <sup>st</sup> April 2018

## 1 How to enroll in a *Kodomoen* \*1 or *Hoikuen* \*2

\*1 Center for Early Childhood Education (CECE) ; \*2 Nursery School/Daycare Center

In order to make use of childcare services at an Accredited *Kodomoen*, etc., a “reason for requiring childcare” from the below table is required. You need to apply for authorization (*nintei*), recognizing your need for childcare (Type 2 or 3) (see page 2).

Reason for requiring childcare	Parent's Circumstances	Period in which enrollment is possible
① Employment	Parent is working (over 60 hours per month).	For duration of employment
② Pregnancy/Delivery	Child's mother is pregnant or has given birth recently. *The period in which enrollment is possible with regards to a multiple pregnancy is updated as of the 2023 fiscal year.	From the first day of the month 2 months (4 months for a multiple pregnancy) prior to the due date, to the last day of the month 8 weeks after delivery.
③ Illness/Disability	Parent has an illness, injury, or physical/mental disability.	Until recovery from illness, etc.
④ Nursing/Caring for Relative	Parent is nursing/caring for a relative (over 60 hours per month).	Until the need for nursing/care ceases
⑤ Post-Disaster Recovery	Parent is engaging in recovery efforts after a natural disaster such as an earthquake, fire, windstorm, or flood.	Until recovery efforts are complete
⑥ Job Seeking	Parent is in the process of job seeking or starting a business.	90 days*
⑦ Studying/Vocational Training	Parent is going to school or receiving vocational training (over 60 hours per month).	Duration of Studies/Vocational Training
⑧ Prevention of Abuse /Domestic Violence	When necessary in order to prevent the occurrence of child abuse/domestic violence	Duration deemed necessary

One of the above reasons must apply to each of the child's parents.

\* Please submit an employment certificate within 90 days of the child's enrollment. If, in order to keep job searching, you wish to enroll your child for longer, you will need to reapply (enrollment may not always be possible after adjustments have been made).

## 2 Education/Childcare Authorization Certificate (for residents of Shizuoka City)

Those who apply for authorization to use approved childcare facilities will be sent an Authorization Certificate. This certificate is not an acceptance notice for enrollment but it is needed for enrollment so please keep it safe.

### ○ Authorization Certificate Type

Type	Age	Length/Type of Childcare	Available Facilities
2	3 years of age and over	Authorization for "Standard Childcare Hours" (up to 11 hours per day) or Authorization for "Short Childcare Hours" (up to 8 hours per day)	Accredited <i>Kodomoen</i> and <i>Hoikuen</i>
3	Under 3 years of age		Accredited <i>Kodomoen</i> , <i>Hoikuen</i> , Small-scale Childcare Facilities, etc.

\* The Authorization Certificate comes with an expiration date, so an application for renewal must be made before it expires (refer to pg. 7).

\* Please refer to the separate "List of Facilities" for information on childcare hours and eligible ages for each facility.

### ○ Amount of Childcare Required

Reason for requiring childcare		Standard/Short hours	Notes
①	Employment	Standard or Short	Standard: In principle, working 120 hours per month or longer. Short: In principle, working between 60 hours and 120 hours per month
②	Pregnancy/Delivery	In principle: Standard	Can be reduced to short hours through application
③	Illness/Disability	Standard or Short	Evaluated on a case-by-case basis depending on severity of illness or disability, inpatient/outpatient status, etc.
④	Nursing/Caring for Relative	Standard or Short	Standard: In principle, 120 hours of nursing/care or more per month Short: In principle, between 60 and 120 hours of nursing/care per month
⑤	Post-Disaster Recovery	In principle: Standard	Can be reduced to short hours through application
⑥	Job Seeking	In principle: Short	Can be extended to standard hours only if objective and rational reasons exist
⑦	Studying/ Vocational Training	Standard or Short	Standard: In principle, 120 hours of school/vocational training or more per month Short: In principle, between 60 and 120 hours of school/vocational training per month
⑧	Prevention of Abuse /Domestic Violence	In principle: Standard	Can be reduced to short hours through application
⑨	Childcare Leave *	In principle: Short	Can be extended to standard hours only if objective and rational reasons exist

\* When the amount of childcare required differs between the child's mother and father ("standard hours" for one and "short hours" for the other), the authorization will be for "short hours".

\* New applications cannot be made during childcare leave, but children already enrolled can continue their enrollment.

## 3 Enrollment Applications

- The documents necessary for application can be picked up and submitted at your first-choice facility or at the Childcare Support Division of each Ward Office.
- Please submit the application form and supporting documents to your first-choice facility or the Childcare Support Division of your Ward Office.

### (1) For Enrollment from April 2023

#### ① Applying for Initial Selection

Application period	<b><u>Mon 3 October 2022 - Mon 31 October 2022</u></b>
Interview with Child	<b><u>An interview will be held at your first-choice facility between mid-November and early December.*</u></b>
Precautions	If you wish to change the contents of your application, such as your choice of childcare facility, please submit a 'Notification of Change' by <u>Wed 30 November</u> .
Notification of results	<b><u>Scheduled for around early-to-mid January 2023</u></b>

\*Please make sure to apply by **Fri 14 October**, so that we can let you know the date of your interview.

## ② Applying for Secondary Selection

Application period	<b><u>Tue 1 November 2022 – Mon 6 February 2023</u></b>
Interview with Child	<b><u>An interview will be held at your first-choice facility by around mid-February 2023.*</u></b>
Precautions	If you wish to change the contents of your application, such as your choice of childcare facility, please submit a 'Notification of Change' by <u>Mon 6 February</u> .
Notification of results	<b><u>Scheduled for around late February 2023</u></b>

- Candidates for secondary selection are those who applied in the above application period, and those who were waitlisted in the initial selection.
  - Openings in each facility, after the initial selection, are scheduled to be posted on the city website in early-to-mid January.
  - Those who are waitlisted after applying for April entry are eligible for future selections throughout the 2023 fiscal year (for enrollment starting from up to March 2024). You do not have to reapply every month.
- \* Those who apply for the secondary selection should arrange an interview date with their first-choice facility, and receive an interview.  
 \* Depending on your child's development status and the allocation of nursery school teachers, you may be waitlisted following the interview.

## (2) Enrollment starting between May 2023 and March 2024

The monthly application deadlines for enrollment are indicated on the table below. Enrollment is from the first of each month.

Month of entry	Application Deadline	Month of entry	Application Deadline	Month of entry	Application Deadline
May	Wed 5 April	September	Mon 7 August	January 2024	Tue 5 December
June	Mon 8 May	October	Tue 5 September	February 2024	Fri 5 January
July	Mon 5 June	November	Thur 5 October	March 2024	Mon 5 February
August	Wed 5 July	December	Mon 6 November		

\* An interview with your child will take place at the facility to which you have been tentatively accepted (depending on your child's development status and the allocation of nursery school teachers, you may be waitlisted following the interview).

\* In principle, enrollees from February to March are selected from among candidates who have been tentatively accepted for enrollment from April of the following fiscal year.

## (3) Precautions for application

### ① Application for enrollment after childcare leave

- New applications cannot be submitted during the childcare leave period.
- If you will be returning to work after childcare leave, you can set the enrollment month for one month prior to the month you return to work
- After enrolling your child, a "Certificate of Return to Work" (Shizuoka City format) or other document showing you have returned to work must be submitted.
- If the parent does not return to work by the last day of the month after the month the child begins enrollment, the child's enrollment may be discontinued.

### ② Other

- The length and contents of childcare differ between facilities. Please attend observations, etc. and consider which facilities you wish to apply to.
- If you are newly employed, you can set the enrollment month for one month prior to the month when your employment begins.
- If your child has any food allergies, please consult with the childcare facility in advance.

#### (4) Childcare for children who require special consideration in a group-living environment

- Children 3 years of age or older as of 1 April 2023 for whom group childcare is possible, but special consideration is required for safe childcare due to disability, developmental disorder, etc. can apply to Shizuoka Municipal Accredited *Kodomoen* between Mon 3 October and Fri 14 October 2022 (for enrollment from April 2023).
- It is necessary to arrange a trial childcare session and interview beforehand, so please consult with each Municipal Accredited *Kodomoen* or the Enrollment Section (*nyuen kakari*) of the Childcare Support Division at your Ward Office as soon as possible.
- Children aged 2 or younger as of 1 April 2023, may be waitlisted depending on their development status and the allocation of nursery school teachers, etc. at your chosen childcare facility. Please consult with your chosen childcare facility or the Childcare Support Division at your Ward Office in advance.
- For information on enrollment to private childcare facilities, please inquire directly to the childcare facility.

#### (5) Regarding enrollment of children who require medical care at Shizuoka Municipal *Kodomoen*

- We accept applications for children between the ages of 0 to 5 who require medical care and to whom the following applies:
  - Child and parents must live in Shizuoka City and child must be able to communicate using gestures, facial expressions, etc.
  - Child must be intellectually and physically able to function in a group-living environment.
  - Child must be found eligible for group childcare at the selection meeting on Tue 18 October 2022
- Applicable medical care:
  - Tube feeding; mucus suctioning; urinary catheter; other (please consult the *Kodomoen* Division ☎054-354-2654)
- Applications can be made from Mon October 3 to Fri October 7 2022 (For enrollment from April 2023)
- Please consult with your chosen *Kodomoen* or the Enrollment Section of the Childcare Support Division at your Ward Office before applying.

## 4 Documents Required for Application

### (1) Documents required from all applicants

(Forms can be picked up at each childcare facility or the Childcare Support Division of each Ward Office)

	Required Documents	Notes
1	Education/Childcare Authorization Certificate and Facility Enrollment Application Form (Type 2 and 3)	One form per child
2	Child's Household Status Questionnaire	If you are applying for siblings, attach a copy of the form to the youngest child's application.
3	My Number Declaration Form*	Please submit this form in its own dedicated envelope.
4	Documents supporting your "reason for requiring childcare" (see below table)	<ul style="list-style-type: none"> <li>• These documents must be submitted by both the child's parents (father, mother, etc.).</li> <li>• If you are applying for siblings, attach a copy of the supporting documents to the youngest child's application.</li> </ul>

↓ \*Applicants living outside of Shizuoka City must please submit the My Number Declaration Form after moving into the city.

4. Documents supporting "reason for requiring childcare"	Reason	Required Documents (The Employment Certificate and Personal Statement/Written Pledge have a specific format for Shizuoka City).
	• Employment	Employment Certificate* <sup>1</sup>
	• Pregnancy/Delivery	Personal Statement/Written Pledge ( <i>moshitatesho ken seiyakusho</i> ) (hereafter referred to as "Personal Statement") + Copy of Maternal and Child Health Handbook (cover page and page showing the due date)
	• Illness/Disability	Personal Statement + Doctor's Certificate* <sup>2</sup> . (filling in the diagnosis on the Personal Statement is acceptable)
	• Nursing/Caring for Relative	Personal Statement + Doctor's Certificate* <sup>2</sup> or copy of care plan, etc.
	• Post-Disaster Recovery	Disaster Victim Certificate
	• Job Seeking	Personal Statement + In principle, a copy of the Hello Work registration form, etc.
	• Studying/Vocational Training	Personal Statement + Documents indicating period of enrollment and lecture times such as a Certificate of Enrollment, timetable, etc.

\*1 Please submit an "Employment Certificate" that was issued after 16 September 2022 and within 3 months of the application date.

\*2 Please submit a Doctor's Certificate that was issued within 3 months of the application date. Not required for those with a disability certificate, etc.

## **(2) Documents only required from those applicable**

### **① Applicants residing abroad as at 1 January 2022 (admissions from April to August 2023)**

Declaration of Income Regarding Childcare Fees (Shizuoka City format)

+ Materials confirming the amount on the declaration of income (income for 2021 fiscal year)

### **② Applicants residing abroad as at 1 January 2023 (admissions from September 2023 to March 2024)**

Declaration of Income Regarding Childcare Fees (Shizuoka City format)

+ Materials confirming the amount on the declaration of income (income for 2022 fiscal year)

\*Not required if municipal residence tax is being paid in Japan

\*Please make sure to attach a Japanese translation.

\*Please submit by the 20<sup>th</sup> of the month prior to enrollment.

## **5 Applying from Outside of Shizuoka City or to Facilities Outside of Shizuoka City**

### **(1) Those who live outside of Shizuoka City and wish to apply to a childcare facility in Shizuoka City:**

#### **○ Where to apply:**

The childcare division of the municipality where you live

#### **○ Application deadline:**

- See pg. 2-3 (must arrive at the Enrollment Section of the Childcare Support Division at one of Shizuoka City's Ward Offices by the relevant deadline)
- Please apply at least 7-10 days prior to the application deadline, to ensure that the documents reach Shizuoka City in time.

#### **○ Required documents:**

- Please use the forms from the municipality where you live
- Please use the Shizuoka City form for the Child's Household Status Questionnaire (can be downloaded from the city website).

#### **○ Precautions:**

- Applicants planning to move to Shizuoka City must complete the moving procedure by the end of the month prior to the month you will start using the childcare facility. After the procedure is complete, please apply again using Shizuoka City forms at the Enrollment Section Counter of the Childcare Support Division at your Ward Office. Please also provide a My Number Declaration Form at the same time. If you do not submit these documents, your child's enrollment may be canceled.
- The selection of candidates not planning to move to Shizuoka City will take place after the secondary selection (after selection of Shizuoka City residents).

### **(2) Those who live in Shizuoka City and wish to apply to a childcare facility in another city:**

#### **○ Where to apply:**

The Enrollment Section of the Childcare Support Division at one of Shizuoka City's Ward Offices.

\*Applications by mail are not allowed. Please apply in person

#### **○ Application deadline:**

- Please confirm with the childcare division of the municipality where you want to enroll.
- Please apply at least 7-10 days prior to the application deadline of the municipality where you want to enroll.

#### **○ Required documents:**

- Please use the Shizuoka City forms (see 4(1) on pg. 4)
- Any other forms required by the municipality where you want to enroll. (Please confirm with the municipality where you want to enroll.)

## **6 How Candidates are Selected**

The Childcare Support Divisions of each Ward Office confirm the capacity of each facility and select candidates in order of highest score (highest priority) according to the "Shizuoka City Childcare Use Criteria".

\*These criteria can be found on the city website (Japanese only; search "保育利用調整基準（指数表）")

# 7 Childcare Fees

## (1) Determination of Childcare Fees

The are no childcare fees for children attending 3-to-5-year-old classes and for households exempt from municipal residence tax, households receiving welfare payments, and foster parents with children attending 0-to-2-year-old classes.

The childcare fees of children in 0-to-2-year-old classes whose families are not exempt from municipal residence tax are calculated according to income, etc.

\*Lunch fees, learning material expenses, etc. are required in addition to childcare fees.

- Childcare fees are calculated based on the municipal residence tax amount of the parent who lives with the child and contributes the most to household finances.
- Fees are set in brackets according to the child's authorization type, the amount of childcare required, and the amount municipal residence tax (income portion), etc. levied on the household.
- Even when the child reaches 3 years of age and authorization type shifts from Type 3 to Type 2, the fees for authorization type 3 will continue to apply for the remainder of that fiscal year.
- If, under tax law, the child or their parents are the dependents of the child's grandparents, or if the child's parents have close to no income, the municipal residence tax amount of the grandparent with the highest income living with the child will be included in calculating childcare fees.
- Childcare fees are reviewed every year in September. (The fees up until August are decided based on municipal residence tax for the 2022 fiscal year, and the fees from September to March are decided based on municipal residence tax for the 2023 fiscal year.)
- If you do not declare your municipal residence tax, your childcare fees may be set at the highest bracket (D16). Even if you do not have an income, please make sure to declare your municipal residence tax.

## (2) Reduction for multiple siblings

For households that have multiple pre-school-age siblings enrolled in childcare facilities, the childcare fees will be reduced starting from the second oldest child currently enrolled (half price for the second child, free for the third child onwards). For households who fall into bracket B, C, or D1-D4 (see childcare fee chart for details), fees are reduced starting from the second oldest child regardless of the age or enrollment status of older siblings.

## (3) Other payment reduction measures

Households falling into bracket B, C, or D1-D4 to whom any of the below applies, may receive a fee reduction starting from the month after making a request.

- The child, parent, or a member of their household has a physical disability certificate, a medical rehabilitation handbook, or a mental disability certificate.
- Single-parent household (does not include separated households undergoing divorce agreement/mediation)

## (4) How to pay the childcare fees

- Public Accredited *Kodomoen*, Daycare Center for Waitlisted Children, Private *Hoikuen*:
  - In principle, payment is made via bank transfer to the City of Shizuoka.
  - The transfer date is the final day of each month, or the next working day if the bank is not open on that day.
- Private Accredited *Kodomoen*, Small-scale Childcare Facilities, Workplace Childcare Facilities:
  - Please pay directly to the facility. Inquire directly to the childcare facility regarding payment dates and methods.

\*The childcare fee chart, instructions on how to determine your municipal resident tax amount, etc. can be found on the city website.

(Scan the QR Code)



# When You Are Required to Submit Extra Forms After Application

After submitting an application, if any of the following apply, please contact the Childcare Support Division and submit the necessary documents (as listed on the chart below). Please also note that the Authorization Certificate has an expiry date even after being accepted into a childcare facility. Therefore, if you wish to continue using childcare services, please apply for an extension as early as possible.

- (1) When the “reasons for requiring childcare” or the “authorization period” on the Authorization Certificate have changed.  
Examples: from job searching to employment; from employment to pregnancy/delivery; from nursing care to employment; extension of childcare leave.
- (2) Residential address has changed. \*If you move out of Shizuoka City, your Authorization Certificate will automatically become invalid.
- (3) The child’s home situation has changed (marriage, divorce, birth of sibling, change in number of family members living together, etc.)
- (4) Working conditions have changed (place of employment, working hours, etc.)
- (5) When a parent who submitted an Employment Certificate when scheduled to start working actually starts working.
- (6) Parent/guardian who applied during childcare leave returns to work
- (7) Parent/guardian who applied during childcare leave changes date of return to work  
\*A change in the month that you will return to work may result in a change in the month from which you may apply to a childcare facility and/or a change to your Authorization Certificate.
- (8) You wish to make changes to your choice of child care facility.
- (9) You wish to cancel your application as it is now possible to care for your child at home, etc..
- (10) When a new member of the household has a physical disability certificate, a medical rehabilitation handbook, or a mental disability certificate, or a current member obtains, forfeits, or renews one.



## ●Change of Details List

Change of Circumstance		Required Documents	
Change of Address	Moved within the city	Change of Application Details Form (hereafter referred to as “Change of Details Form”)	
	Moved out of the city	Discontinuation of Childcare Form + Authorization Certificate *Please contact the Childcare Support Division if you wish to continue using the facility after moving away.	
Change in contact details of parent/guardian		Change of Details Form	
Change in Name	Either the child or parent/guardian	Change of Details Form	
Change in family structure	Marriage of parent/guardian (includes de facto marriages)	Change of Details Form + Authorization Certificate + Employment Certificate, etc. of new spouse (partner) + Consent Form of new spouse, etc. + information on personal circumstance of parents of new spouse, etc. + My Number Declaration Form	
	Divorce of parent/guardian	Change of Details Form + Authorization Certificate	
	Living with grandparents, etc.	Change of Details Form + Consent Form *please inquire with the Childcare Support Division for details.	
	Acquisition, renewal or loss of disability certificate by family member you are living with	Change of Details Form + copy of Disability Certificate (if they are not registered as a resident of Shizuoka City)	
	Any other changes (Birth, Separation, Death, etc.)	Change of Details Form	
Reason	Employment	Starting to work/ Starting up own business	Change of Details Form + Authorization Certificate + Employment Certificate for new workplace
	Childcare Leave	Acquisition of leave	Change of Details Form + Authorization Certificate + Employment Certificate (which states the date of return to work)
		Returning to work after leave	Change of Details Form + Authorization Certificate + Employment Certificate(after return), Certificate of Return to Work, or copy of pay slip, etc.
	Pregnancy/Delivery		Change of Details Form + Authorization Certificate + Personal Statement + a copy of Maternal and Child Health Handbook (which shows the cover page & states the due date)
	Illness/ Disability	Taken ill	Change of Details Form + Authorization Certificate + Personal Statement + Doctor’s Certificate (can be stated on the diagnosis section of the Personal Statement)
		Issued with disability certificate	Change of Details Form + Authorization Certificate + Personal Statement
	Nursing/Caring for Relative		Change of Details Form + Authorization Certificate + Personal Statement + Doctor’s Certificate or a copy of the care plan, etc.
	Job-seeking		Change of Details Form + Authorization Certificate + Personal Statement + a copy of the registration form to Hello Work employment agency
	Post-Disaster Recovery		Change of Details Form + Authorization Certificate + Disaster Victim Certificate
Studying/Vocational Training		Change of Details Form + Authorization Certificate + Personal Statement + Certificate of Enrollment/ Copy of timetable, etc.	
Change in necessary childcare hours (standard ↔ short hours)		Change of Details Form + Authorization Certificate + Employment Certificate, etc. *for details contact the Childcare Support Division	
Change in period of authorization due to changes in employment period or childcare leave period, etc.			



# Enrollment Application Procedure



Please attend observations, etc. and consider which facilities you wish to apply to.

Submit your "Education/Childcare Authorization Certificate and Facility Enrollment Application Form" and the accompanying documents to your first-choice facility or to the Childcare Support Division at your Ward Office. (Application forms can be picked up from each childcare facility and the Childcare Support Divisions of each Ward Office.)

## The Education/Childcare Authorization Certificate (Type 2 and 3)

will be mailed to you at a later date.

### Selection Meeting

Enrollees are selected  
(Tentative acceptance of candidates for enrollment)

### Interview with Child\*

See below\*

\*Your child may be waitlisted depending on their development status and the allocation of nursery school teachers, etc.

\*This interview is to check the development status of your child and confirm facility rules with parents

\*For admissions from May onwards, interviews will only take place at the relevant facility when your child has been tentatively accepted as a candidate for enrolment

## Accepted

- **Admission from April 2023**  
You will be sent an Acceptance Notice in mid-January.
- **Admission from May 2023 onwards**
  - Only those who have been tentatively accepted as candidates for enrollment will be notified by phone around the 20<sup>th</sup> of the month prior to the month of admission. Please attend an interview with your child.
  - An orientation will be held prior to enrollment. Please confirm the date with your childcare facility, and come with your child and your Authorization Certificate to the orientation.
  - You will receive the Acceptance Notice and the Fees Notice through the childcare facility around the 20<sup>th</sup> of the month of admission.

## Waitlisted (Not Accepted)

- In the case that your application was not successful, you will be sent a Waitlisted Notice (only the first time).
- You will remain eligible for selection every month (up until March 2024)
- Follow up notices will only be sent when there is a possibility of enrollment
- When making use of an unaccredited childcare facility, etc. while waitlisted, it is not necessary to re-apply for an Authorization Certificate in order to receive free childcare benefits.
- If you wish to cancel your application, please contact the Childcare Support Division at your Ward Office.

\* A Waitlisted Notice will only be sent the first time you are waitlisted (not accepted). If you remain waitlisted in the following month(s), and you require a copy of the notice, please consult at the Childcare Support Division at your Ward Office.

## Admission

Admission is on the first day of each month.



園受付日	子育て支援課 受付日	年齢	認定者番号	園 No.	入園 No.	園名
/	/	歳	人力日	認定	通知	ひとり親
			/	/	/	生保・障害
						園連絡
						園

## Education/Childcare Authorization Certificate Application Form (Type 1 Authorization)

To the Mayor of Shizuoka City

I am applying, as follows, for an Education/Childcare Authorization Certificate in order to make use of childcare facilities. Date of Application (YYYY/年) (MM/月) (DD/日)

Furigana		Sex	M / F	Date of Birth	(YYYY/年) (MM/月) (DD/日)	Disability Certificate	No / Yes	
Name of Child	Last name First name			Individual (My) Number	See accompanying documents			
Parents/ Guardians	Name (Last name, First name)		Relationship to child	Date of Birth		Name of workplace, educational institution, etc.	Disability Certificate	Notes
	Furigana		Father/Mother	(YYYY/年) (MM/月) (DD/日)			No / Yes	
				Individual (My) Number		See accompanying documents		
	Furigana		Father/Mother	(YYYY/年) (MM/月) (DD/日)			No / Yes	
		Individual (My) Number		See accompanying documents				
Address	〒 Shizuoka City Aoi Ward / Suruga Ward / Shimizu Ward							
	Contact ① Father's mobile phone / Mother's mobile phone / Home / Other ( ) ( - - ) Contact ② Father's mobile phone / Mother's mobile phone / Home / Other ( ) ( - - )							
	*Fill in address if either parent resides at a separate location due to work, etc. <input type="checkbox"/> Father's address <input type="checkbox"/> Mother's address							
	〒 Contact ① Father's mobile phone / Mother's mobile phone / Home / Other ( ) ( - - ) Contact ② Father's mobile phone / Mother's mobile phone / Home / Other ( ) ( - - )							
	Registered address as at 1 January 2022	(Father) →	<input type="checkbox"/> In Shizuoka City	<input type="checkbox"/>	Prefecture	City/Ward/Town		
	(Mother) →	<input type="checkbox"/> In Shizuoka City	<input type="checkbox"/>	Prefecture	City/Ward/Town			
Registered address as at 1 January 2023 (*)	(Father) →	<input type="checkbox"/> In Shizuoka City	<input type="checkbox"/>	Prefecture	City/Ward/Town			
	(Mother) →	<input type="checkbox"/> In Shizuoka City	<input type="checkbox"/>	Prefecture	City/Ward/Town			
Facility to be attended				Scheduled Start Date	From ____ (YYYY/年) ____ (MM/月) ____ (DD/日)			

(\*)If application is made on or before 31 December 2022, please write the city you will be living in as at 1 January 2023.

○Information on child's home status and household members (separate living arrangements, 2 generation homes, annexed rooms, etc. are considered one household)

Other family members living with the child	Name (Last name, First name)	Relationship to child	Date of Birth	Sex	Name of workplace, school, childcare facility, etc. (Please write the grade they are in as at April 2023)	Disability Certificate	Notes
			(YYYY/年) (MM/月) (DD/日)	M / F		No / Yes	
			(YYYY/年) (MM/月) (DD/日)	M / F		No / Yes	
			(YYYY/年) (MM/月) (DD/日)	M / F		No / Yes	
			(YYYY/年) (MM/月) (DD/日)	M / F		No / Yes	

Welfare Benefits	Currently applying ・ Receiving benefits (since ____ YYYY/年 ____ MM/月 ____ DD/日)
Single Parent: Reason	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unmarried <input type="checkbox"/> In mediation <input type="checkbox"/> Missing <input type="checkbox"/> Other [ ] (since ____ (YYYY/年) ____ (MM/月) ____ (DD/日))

○Circumstances of Parent/Guardian's Separately Living Dependant Children

Classification	Name (Last name, First name)	Relationship to Child	Date of Birth	Name of School, etc.
Separately Living Children			(YYYY/年) (MM/月) (DD/日)	
			(YYYY/年) (MM/月) (DD/日)	
			(YYYY/年) (MM/月) (DD/日)	

Terms of Agreement (for Parents/Guardians)			
To the Mayor of Shizuoka City _____ (YYYY/年) ____ (MM/月) ____ (DD/日)			
I agree to the below terms from the point of application until the Education/Childcare Authorization Certificate expires.			
1. In order to make decisions regarding the granting of the Education/Childcare Authorization Certificate and exemption from supplementary meal fees, necessary Basic Resident Register information, municipal residence tax information, welfare information, and information regarding households that receive welfare benefits will be looked at and used. Results of decisions made based on this information regarding supplementary meal fees will be shared with the designated childcare facilities.			
2. Due to the large number of applications, the results of authorization applications for April of the next fiscal year may take up until the end of March of the fiscal year of application to be delivered.			
Signees	Father		Grandfather (living with child)
	Mother		Grandmother (living with child)

(Caution) 1. Each parent, and each grandparent who lives with the child must personally sign in the spaces provided.  
 2. The provided Basic Resident Register information, municipal residence tax information, welfare information, and information regarding households that receive welfare benefits will only be used for making decisions regarding granting the Education/Childcare Authorization Certificate, placement screenings, and exemption from supplementary meal fees.

# Example

**\*Please fill in all the boxes inside the bold lines. Do not forget to fill in the Terms of Agreement.**

## Education/Childcare Authorization Certificate Application Form (Type 1 Authorization)

To the Mayor of Shizuoka City

I am applying, as follows, for an Education/Childcare Authorization Certificate in order to make use of childcare facilities.

Date of Application **2022**(YYYY/年) **10**(MM/月) **03**(DD/日)

Furigana Name of Child	スミス ジェーン Last name First name <b>Smith Jane</b>	Sex	M <input type="radio"/> F <input checked="" type="radio"/>	Date of Birth	2018 (YYYY/年) 02 (MM/月) 14 (DD/日)	Disability Certificate	<input type="radio"/> No / <input type="radio"/> Yes
Parents/ Guardians	Name (Last name, First name)	Relationship to child	Date of Birth	Name of workplace, educational institution, etc.		Disability Certificate	Notes
	Furigana スミス ジョン <b>Smith John</b>	Father/Mother <input checked="" type="radio"/>	1985 (YYYY/年) 9 (MM/月) 13 (DD/日)	〇〇 Shoten Co. Ltd.		<input type="radio"/> No / <input type="radio"/> Yes	
	Individual (My) Number	See accompanying documents					
	Furigana スミス エミリー <b>Smith Emily</b>	Father/Mother <input checked="" type="radio"/>	1986 (YYYY/年) 7 (MM/月) 22 (DD/日)	〇〇 Seisakusho		<input type="radio"/> No / <input type="radio"/> Yes	
Individual (My) Number	See accompanying documents						
Address	〒 422 - 8004 Shizuoka City Aoi Ward / <b>Suruga Ward</b> / Shimizu Ward <b>Kuniyoshida 4-chome 〇〇-17</b> Contact ① Father's mobile phone / Mother's mobile phone / Home / Other ( ) (090-1234-△△△△) Contact ② Father's mobile phone / Mother's mobile phone / Home / Other ( ) (080-1234-△△△△)						
	*Fill in address if either parent resides at a separate location due to work, etc. <input checked="" type="checkbox"/> Father's address <input type="checkbox"/> Mother's address						
	〒 430-0001 <b>Hamamatsu-shi Naka-ku Ote-machi 3-chome 〇〇-25</b> Contact ① Father's mobile phone / Mother's mobile phone / Home / Other ( ) ( - - ) Contact ② Father's mobile phone / Mother's mobile phone / Home / Other ( ) ( - - )						
	Registered address as at 1 January 2022	(Father) → <input type="checkbox"/> In Shizuoka City <input checked="" type="checkbox"/> Shizuoka Prefecture <b>Hamamatsu</b> <input checked="" type="radio"/> City/Ward/Town	(Mother) → <input checked="" type="checkbox"/> In Shizuoka City <input type="checkbox"/> Prefecture City/Ward/Town				
Registered address as at 1 January 2023(*)	(Father) → <input checked="" type="checkbox"/> In Shizuoka City <input type="checkbox"/> Prefecture City/Ward/Town	(Mother) → <input checked="" type="checkbox"/> In Shizuoka City <input type="checkbox"/> Prefecture City/Ward/Town					
Facility to be attended	〇〇 <b>Kodomoen</b>		Scheduled Start Date	From <b>2023</b> (YYYY/年) <b>4</b> (MM/月) <b>1</b> (DD/日)			

○ Information on family circumstances & persons living in the same household as applicant child (separate living arrangements, 2 generation homes, annexed rooms, etc. are considered one household)

Other family members living with the child	Name (Last name, First name)	Relationship to child	Date of Birth	Sex	Name of workplace, school, childcare facility, etc. (Please write the grade they are in as at April 2022)	Disability Certificate	Notes
	<b>Smith Dylan</b>	older brother	2011 (YYYY/年) 9 (MM/月) 21 (DD/日)	<input checked="" type="radio"/> M / <input type="radio"/> F	6th grade Togendai Elementary School	<input type="radio"/> No / <input type="radio"/> Yes	
	<b>Smith Hailey</b>	younger sister	2020 (YYYY/年) 5 (MM/月) 5 (DD/日)	M / <input checked="" type="radio"/> F	Currently applying to 〇〇 Kodomoen	<input type="radio"/> No / <input type="radio"/> Yes	
	<b>Smith Agatha</b>	grandmother	1962 (YYYY/年) 4 (MM/月) 17 (DD/日)	M / <input checked="" type="radio"/> F	Unemployed	No / <input checked="" type="radio"/> Yes	
			(YYYY/年) (MM/月) (DD/日)	M / F		No / Yes	
Welfare Benefits	Currently applying ・ Receiving benefits (since ____ YYYY/年 ____ MM/月 ____ DD/日)						
Single Parent: Reason	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unmarried <input type="checkbox"/> In mediation <input type="checkbox"/> Missing <input type="checkbox"/> Other [ ] (since ____ (YYYY/年) ____ (MM/月) ____ (DD/日))						

**\*Documents required only by those to whom the below applies: For use with decisions regarding exemption from supplementary meal fees**

Required Documents based on applicable month (the month you wish to start using the facility or the month you receive exemption from supplementary meal fees) and your address.

Applicable Month	Applicable Address Conditions * 1	Necessary Documents * 2
From April to August 2023	Registered address is <u>overseas</u> as at 1 Jan. 2022	Declaration of Income Regarding Childcare Fees (Shizuoka City format) + Document that indicates the amount on your declaration of income. (for income during 2021)
From Sept. 2023 to March 2024	Registered address is <u>overseas</u> as at 1 Jan. 2023	+ Document that indicates the amount on your declaration of income. (for income during 2022)

\*1 If you are paying resident tax within Japan, you do not need to submit the documents above.

\*2 You will be notified separately regarding the submission deadline.

様式第2号(第3条、第12条関係)	※福祉事務所記入欄							令和5年度入園
園受付日	子育て支援課 受付日	クラス年齢	認定区分等	認定者番号	園 No.	入園 No.	園名	
/	/	歳	標号短					
		入力日	認定	判定登録	結果通知	ひとり親	生保・障害	課税認定
		/	/	/	/	/	/	/

# Education/Childcare Authorization Certificate and Facility Enrollment Application Form ( Type 2 and 3 )

To the Mayor of Shizuoka City  
the Aoi Ward / Suruga Ward / Shimizu Ward Welfare Office Director

※福祉事務所記入欄
月入園

I am applying, as follows, for an Education/Childcare Authorization Certificate as well as to make use of childcare facilities. Date of Application (YYYY/年) (MM/月) (DD/日)

Furigana	Date of Birth		Child's condition	Illness	None・Yes ( )
Name of Last name First name M	(YYYY/年) (MM/月) (DD/日)	Food Allergies		None・Yes ( )	
Child Individual (My) Number	F	See accompanying documents	Disability Certificate	None・Yes ( )	

Childcare circumstances of sibling(s) If you are applying to *Kodomoen/Hoikuen* for 2 or more children at the same time

Enrolled in childcare ( No / Yes )  I request the same facility and the same time period for all children  Different facilities are acceptable as long as time period is the same

In process of applying ( No / Yes )  Different time periods are acceptable as long as the facility is the same  No preference

Parent /Guardian (taxpayer)	Name (Last name, First name)	Relationship to child	Date of Birth	Name of workplace, educational institution, etc.	Disability Certificate	Notes
	Furigana	Father/Mother	(YYYY/年) (MM/月) (DD/日)		No / Yes	
	Individual (My) Number	See accompanying documents				
Furigana	Father/Mother	(YYYY/年) (MM/月) (DD/日)		No / Yes		
	Individual (My) Number	See accompanying documents				

Address

〒 Shizuoka City Aoi/ Suruga/ Shimizu Ward

Contact ① Father's mobile phone / Mother's mobile phone / Home / Other ( ) ( - - ) Contact ② Father's mobile phone / Mother's mobile phone / Home / Other ( ) ( - - )

\*Fill in address if either parent resides at a separate location due to work, etc.  Father's address  Mother's address

〒 Contact ① Father's mobile phone / Mother's mobile phone / Home / Other ( ) ( - - ) Contact ② Father's mobile phone / Mother's mobile phone / Home / Other ( ) ( - - )

Registered address as at 1 January 2022	(Father) <input type="checkbox"/> In Shizuoka City <input type="checkbox"/> Prefecture	City/Ward/Town
	(Mother) <input type="checkbox"/> In Shizuoka City <input type="checkbox"/> Prefecture	City/Ward/Town
Registered address as at 1 January 2023 (*)	(Father) <input type="checkbox"/> In Shizuoka City <input type="checkbox"/> Prefecture	City/Ward/Town
	(Mother) <input type="checkbox"/> In Shizuoka City <input type="checkbox"/> Prefecture	City/Ward/Town

Type of Authorization Requested	<input type="checkbox"/> Type 2 (3 years of age and over, requiring childcare services)	Requested hours of childcare	<input type="checkbox"/> Standard childcare hours (maximum 11 hrs)
	<input type="checkbox"/> Type 3 (under 3 years of age, requiring childcare services)		<input type="checkbox"/> Short childcare hours (maximum 8 hrs)

Requested Childcare Facility	1st Choice	4th Choice	Requested period of use	From (YYYY/年) (MM/月) 1 (DD/日)
	2nd Choice	5th Choice		<input type="checkbox"/> until child enters elementary school
	3rd Choice	6th Choice	Requested days of the week	<input type="checkbox"/> until the end of (MM/月) (YYYY/年)
	◆ Write down childcare facilities in order of preference after confirming basic information such the content of the childcare service provided, eligible ages, open hours, etc. ◆ If you wish to visit and view the facility before applying, please contact them directly. (Please refrain from cancelling after enrolment has been confirmed, as it will greatly affect other applicants' enrolment results.)			Requested time of use

Current childcare circumstances	<input type="checkbox"/> Cared for by ( ) at home <input type="checkbox"/> Taken to ( )'s workplace <input type="checkbox"/> Cared for outside of home (childcare service, etc.)	Name	Address
	Time of use	No. of days used	days /week

(\*) If application is made on or before 31 December 2022, please write the city you will be living in as at 1 January 2023.

○ Child's home situation/household members (separate living arrangements, 2 generation homes, annexed rooms, etc. are considered one household)

Other family members living with the child	Name (Last name, First name)	Relationship to child	Date of Birth	Sex	Name of workplace, school, childcare facility, etc. (and grade as at April of the fiscal year of planned use)	Disability Certificate	Notes
			(YYYY/年) (MM/月) (DD/日)	M / F		No / Yes	
			(YYYY/年) (MM/月) (DD/日)	M / F		No / Yes	
			(YYYY/年) (MM/月) (DD/日)	M / F		No / Yes	
			(YYYY/年) (MM/月) (DD/日)	M / F		No / Yes	
			(YYYY/年) (MM/月) (DD/日)	M / F		No / Yes	

Welfare Benefits	Currently applying ・ Receiving benefits (since ____YYYY/年 ____MM/月 ____DD/日)
Single Parent: Reason	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unmarried <input type="checkbox"/> In mediation <input type="checkbox"/> Missing <input type="checkbox"/> Other [ ] (since ____YYYY/年 ____MM/月 ____DD/日)

○Circumstances of Parent/Guardian's Separately Living Dependant Children

Separately Living Children	Name (Last name, First name)	Relationship to child	Date of Birth	Name of School, etc.
			(YYYY/年) (MM/月) (DD/日)	
			(YYYY/年) (MM/月) (DD/日)	
			(YYYY/年) (MM/月) (DD/日)	

○Circumstances of Separately Living Grandparents

Relationship to child		Name (Last name, First name)	Date of Birth	Address	Current circumstance
Paternal	Grandfather		(YYYY/年) (MM/月) (DD/日)		Employed / Self-employed / Sick / Unemployed Other ( )
	Grandmother		(YYYY/年) (MM/月) (DD/日)		Employed / Self-employed / Sick / Unemployed Other ( )
Maternal	Grandfather		(YYYY/年) (MM/月) (DD/日)		Employed / Self-employed / Sick / Unemployed Other ( )
	Grandmother		(YYYY/年) (MM/月) (DD/日)		Employed / Self-employed / Sick / Unemployed Other ( )

(Note) This box does not need to be filled in for grandparents who live with the child.

If the grandparent is not around, please write the reason in the name box. (e.g. deceased, divorced)

Reason for Requiring Childcare Services	Relationship	Reason					
	<input type="checkbox"/> Father	<input type="checkbox"/> Employment	<input type="checkbox"/> Pregnancy /Delivery	<input type="checkbox"/> Illness /Disability	<input type="checkbox"/> Nursing/Caring for Relative	<input type="checkbox"/> Post-Disaster Recovery	
	<input type="checkbox"/> Mother	<input type="checkbox"/> Job Seeking (or preparing to start own business)	<input type="checkbox"/> Studying /Vocational Training	<input type="checkbox"/> Abuse /Domestic Violence	<input type="checkbox"/> Other ( )		
	( )	<input type="checkbox"/> Employment	<input type="checkbox"/> Pregnancy /Delivery	<input type="checkbox"/> Illness /Disability	<input type="checkbox"/> Nursing/Caring for Relative	<input type="checkbox"/> Post-Disaster Recovery	
<input type="checkbox"/> Father	<input type="checkbox"/> Job Seeking (or preparing to start own business)	<input type="checkbox"/> Studying /Vocational Training	<input type="checkbox"/> Abuse /Domestic Violence	<input type="checkbox"/> Other ( )			
<input type="checkbox"/> Mother							
( )							
Please write the details of the circumstances (workplace, work hours, number of work days, condition of illness, etc.)							

Terms of Agreement (for Parents/Guardians)

To the Mayor of Shizuoka City  
the Aoi Ward / Suruga Ward / Shimizu Ward Welfare Office Director

(YYYY/年) (MM/月) (DD/日)

I agree to the below terms from the point of application until the Education/Childcare Authorization Certificate expires.

- In order to make decisions regarding granting the Education/Childcare Authorization Certificate for using childcare facilities and/or local childcare services, placing applicants, and setting fees, necessary Basic Resident Register information, municipal residence tax information, welfare information, and information regarding households that receive welfare benefits will be looked at and used. Results of decisions made based on this information regarding placing of applicants and setting of fees will be shared with the designated childcare facilities and/or local childcare services.
- Due to the large number of applications, the results of authorization applications for April of the next fiscal year may take up until the end of March of the fiscal year of application to be delivered.

Signees	Father	Grandfather (living with child)
	Mother	Grandmother (living with child)

(Caution)

- Each parent, and each grandparent who lives with the child must personally sign in the spaces provided.
- The provided Basic Resident Register information, municipal residence tax information, welfare information, and information regarding households that receive welfare benefits will only be used for making decisions regarding granting the Education/Childcare Authorization Certificate, placement of applicants, and setting of fees.

# Example

**\*Fill in all the boxes within the bold lines. Make sure to fill out "Reasons for Requiring Childcare", "Terms of Agreement", and "Circumstances of Separately Living Grandparents" on the inside page.**

If the child has a sibling who is already enrolled in a childcare facility, circle yes and if not circle no. If you are in the process of applying for a sibling (including applications being made at the same time as this application), circle yes, and if not, circle

Enrollment is on the 1st day of each month. If you do not wish to continue childcare services until the child enters elementary school, please write the date you wish to stop. Parents on maternity/paternity leave can apply to start using childcare services from the month prior to returning to work. Parents newly starting to work can apply to start using childcare services from a month before starting work.

Date of Application		2022 (YYYY/年) 10 (MM/月) 3 (DD/日)						
Furigana	スミス ジェーン	Date of Birth	2018 (YYYY/年)	Child's condition	Illness <input type="radio"/> None • Yes ( )			
Name of Child	Last name First name Smith Jane	Individual (My) Number	2 (MM/月) 17 (DD/日)	Food Allergies	<input type="radio"/> None • Yes ( )			
Childcare circumstances of sibling(s)		If you are applying to <i>Kodomoen/Hoikuen</i> for 2 or more children at the same time						
Enrolled in childcare <input type="radio"/> No / <input type="radio"/> Yes		<input checked="" type="checkbox"/> I request the same facility and the same time period for all children		<input type="checkbox"/> Different facilities are acceptable as long as time period is the same				
In process of applying (No/Yes) <input type="radio"/> No / <input checked="" type="radio"/> Yes		<input type="checkbox"/> Different time periods are acceptable as long as the facility is the same		<input type="checkbox"/> No preference				
Parent /Guardian (taxpayer)	Name (Last name, First name)	Relationship to child	Date of Birth	Name of workplace, educational institution, etc.	Disability Certificate	Notes		
	Furigana スミス ジョン	<input checked="" type="radio"/> Father / <input type="radio"/> Mother	1985 (YYYY/年) 9 (MM/月) 13 (DD/日)	〇〇 Shoten Co. Ltd.	<input type="radio"/> No / <input type="radio"/> Yes			
	Smith John		Individual (My) Number	See accompanying documents				
	Furigana スミス エミリー	<input checked="" type="radio"/> Father / <input type="radio"/> Mother	1986 (YYYY/年) 7 (MM/月) 22 (DD/日)	〇〇 Seisakusho	<input type="radio"/> No / <input type="radio"/> Yes			
Smith Emily	Individual (My) Number		See accompanying documents					
Address	〒 422 - 8004 Shizuoka City Aoi Ward <u>Suruga Ward</u> Shimizu Ward <u>Kuniyoshida 4-chome 〇〇-17</u>							
	Contact ① Father's mobile phone / Mother's mobile phone / Home / Other ( ) (090-1234-△△△△) Contact ② Father's mobile phone / Mother's mobile phone / Home / Other ( ) (080-1234-△△△△)							
	*Fill in address if either parent resides at a separate location due to work, etc. <input checked="" type="checkbox"/> Father's address <input type="checkbox"/> Mother's address							
	〒 430-0001 Hamamatsu-shi Naka-ku Ote-machi 3-chome 〇〇-25							
	Contact ① Father's mobile phone / Mother's mobile phone / Home / Other ( ) ( - - ) Contact ② Father's mobile phone / Mother's mobile phone / Home / Other ( ) ( - - )							
Registered address as at January 2022	(Father)	<input type="checkbox"/> In Shizuoka City	<input checked="" type="checkbox"/> Shizuoka Prefecture	Hamamatsu City	Ward/Town			
	(Mother)	<input checked="" type="checkbox"/> In Shizuoka City	<input type="checkbox"/> Prefecture	City/Ward/Town				
Registered address as at January 2023 (*)	(Father)	<input checked="" type="checkbox"/> In Shizuoka City	<input type="checkbox"/> Prefecture	City/Ward/Town				
	(Mother)	<input checked="" type="checkbox"/> In Shizuoka City	<input type="checkbox"/> Prefecture	City/Ward/Town				
Type of Authorization Requested	<input type="checkbox"/> Type 2 (3 years of age and over, requiring childcare services)		Requested childcare		<input type="checkbox"/> Standard childcare hours (maximum 11 hrs)			
	<input type="checkbox"/> Type 3 (under 3 years of age, requiring childcare services)		childcare		<input type="checkbox"/> Short childcare hours (maximum 6 hrs)			
Requested Childcare Facility	1st Choice	〇〇 Kodomoen 園	4th C	Filling out a 2nd choice and beyond is not compulsory. Please apply to facilities that are easily accessible on a daily basis.	Requested period of use	From 2023 (YYYY/年) 4 (MM/月) 1 (DD/日)		
	2nd Choice	△△ Chuo Kodomoen 園				<input checked="" type="checkbox"/> until child enters elementary school		
	3rd Choice	□□ Hoikuen 園	6th C			<input type="checkbox"/> until the end of (MM/月) (YYYY/年)		
						Requested days of the week	Mon / <u>Tue</u> / Wed / <u>Thurs</u> / <u>Fri</u> / <u>Sat</u>	
					Requested time of use	8 : 00 ~ 17 : 30 (Time of use on Saturdays) 8 : 00 ~ 14 : 00		
Current childcare circumstances	<input type="checkbox"/> Cared for by ( ) at home		Name 〇〇 Kodomoen		Address 〇〇-〇 Yokouchi-cho, Aoi-ku			
	<input type="checkbox"/> Taken to ( )'s workplace		Time of use 8 : 30 ~ 17 : 30		No. of days used 5 days/week			
	<input checked="" type="checkbox"/> Cared for outside of home (childcare service, etc.)							

○Child's home situation/household members (separate living arrangements, 2 generation homes, annexed rooms, etc. are considered one household)

Other family members living with the child	Name (Last name, first name)	Relationship to child	Date of Birth	Sex	Name of workplace, school, childcare facility, etc. (and grade as at April of the fiscal year of planned use)	Disability Certificate	Notes
	Smith Dylan	older brother	2011 (YYYY/年) 9 (MM/月) 21 (DD/日)	<input checked="" type="radio"/> M / <input type="radio"/> F	6th grade Togendai Elementary School	<input type="radio"/> No / <input type="radio"/> Yes	
	Smith Hailey	younger sister	2020 (YYYY/年) 5 (MM/月) 5 (DD/日)	<input type="radio"/> M / <input checked="" type="radio"/> F	Currently applying to 〇〇 Kodomoen	<input type="radio"/> No / <input type="radio"/> Yes	
	Smith Agatha	grandmother	1962 (YYYY/年) 4 (MM/月) 17 (DD/日)	<input type="radio"/> M / <input checked="" type="radio"/> F	Unemployed	<input type="radio"/> No / <input type="radio"/> Yes	

Reason for Requiring Childcare	Relationship	Reason					
<input checked="" type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other ( )	<input checked="" type="checkbox"/> Employment <input type="checkbox"/> Job Seeking (or preparing to start own business)	<input checked="" type="checkbox"/> Employment	<input type="checkbox"/> Pregnancy /Delivery	<input type="checkbox"/> Illness /Disability	<input type="checkbox"/> Nursing/Caring for Relative	<input type="checkbox"/> Post-Disaster Recovery	
		<input type="checkbox"/> Studying /Vocational Training	<input type="checkbox"/> Abuse /Domestic Violence	<input type="checkbox"/> Other ( )			
		<input type="checkbox"/> Employment	<input type="checkbox"/> Pregnancy /Delivery	<input type="checkbox"/> Illness /Disability	<input type="checkbox"/> Nursing/Caring for Relative	<input type="checkbox"/> Post-Disaster Recovery	
<input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Other ( )	<input type="checkbox"/> Job Seeking (or preparing to start own business)	<input type="checkbox"/> Employment	<input type="checkbox"/> Pregnancy /Delivery	<input type="checkbox"/> Illness /Disability	<input type="checkbox"/> Nursing/Caring for Relative	<input type="checkbox"/> Post-Disaster Recovery	
		<input type="checkbox"/> Studying /Vocational Training	<input type="checkbox"/> Abuse /Domestic Violence	<input type="checkbox"/> Other ( )			
		<input type="checkbox"/> Employment	<input type="checkbox"/> Pregnancy /Delivery	<input type="checkbox"/> Illness /Disability	<input type="checkbox"/> Nursing/Caring for Relative	<input type="checkbox"/> Post-Disaster Recovery	

Please write the details of the circumstances (workplace, work hours, number of work days, condition of illness, etc.)

Father works at 〇〇〇 Shoten. Mother works part-time at ◇◇ Seisakusho. Grandmother who lives together is under 60 years of age, but cannot look after children because of her disability.

**Documents Supporting your Reason for Requiring Childcare Services  
(Employment Certificate, Personal Statement, Doctor's Certificate, etc.)**

Line up the documents with the center fold so as not stick out from the application form, and glue the **left edge** to this page.  
\*Please arrange the documents so that the mother's documents are on top.

**【Caution】**

When applying to enroll multiple siblings, please attach the original supporting documents to the oldest child's application form and copies of the documents to the application forms of the other children.



When attaching your Employment Certificate, etc., please line up the documents with the center fold so as not stick out from the application form, and glue the left edge to this page.

**2023  
Fiscal Year**

(April 2023 –  
March 2024)

# “Authorization to Use Childcare Facilities” as Required for Early Education and Childcare Fee Exemption Benefits

How to Apply for Authorization and Receive Fee Exemption Benefits



In order to use *Yochien*, Unaccredited Childcare Facilities, etc. and to receive fee exemption benefits, it is necessary to receive “Authorization to Use Childcare Facilities” (*Kosodate no tame no shisetsu nado riyo kyufu nintei*).

## 1 Those Eligible for “Authorization to Use Childcare Facilities”

### (1) Using *Yochien*\* with Fee Exemption Benefits

All households with children between 3 (includes children turning 3 during the school year) and 5 years of age (class age) are eligible. If, in addition to the above, you wish to receive fee reduction benefits for after-hours childcare (*azukari hoiku*), you must have an applicable reason for requiring childcare (refer to chart below). For children who turn 3 within the school year, this is limited to tax exempt households, etc. (see page 2).

\* *Yochien*: This refers to all *Yochien* (preschools/kindergartens) other than Accredited *Kodomoen* and *Yochien* which have adopted the new Child & Childcare Support System that started in 2015.

### (2) Using Accredited *Kodomoen* (Type 1 Authorization), etc.\* and After-hours Childcare with Fee Exemption Benefits

Households with children between 3 (including residence tax exempt households, etc. with children turning 3 during the school year) to 5 years of age (class age) who have a “reason for requiring childcare” are eligible.

\* Accredited *Kodomoen* (Type 1 Authorization), etc.: This refers to Accredited *Kodomoen* (Type 1 Authorization), and *Yochien* which have adopted the new system.

### (3) Using Unaccredited Childcare Facilities, etc.\* with Fee Exemption Benefits

① Households with children between 0 to 2 years of age (class age), that are exempt from residence tax, etc. and have a “reason for requiring childcare”.

② Households with children between 3 to 5 years of age (class age) who have a “reason for requiring childcare”.

\* Unaccredited Childcare Facilities, etc.: This refers to Unaccredited Childcare Facilities, Short-term Childcare Services, Childcare Services for Children with Illnesses, and Family Support Centers.

#### 【Reasons for requiring childcare】

Reason	Parent's Circumstances	Authorization period
① Employment	Parent is working (over 60 hours per month).	For the duration of employment
② Pregnancy/Delivery	Child's mother is pregnant or has given birth recently. *The period in which enrollment is possible with regards to a multiple pregnancy is updated as of the 2023 fiscal year.	From the first day of the month 2 months (4 months for a multiple pregnancy) prior to the due date, to the last day of the month 8 weeks after delivery.
③ Illness/Disability	Parent has an illness, injury, or physical/mental disability.	Until recovery from illness, etc.
④ Nursing/Caring for Relative	Parent is nursing/caring for a relative (over 60 hours per month).	Until the need for nursing/care ceases
⑤ Post-Disaster Recovery	Parent is engaging in recovery efforts after a natural disaster such as an earthquake, fire, windstorm, or	Until recovery efforts are complete
⑥ Job Seeking	Parent is in the process of job seeking or starting a business.	90 days*
⑦ Studying/Vocational Training	Parent is going to school or receiving vocational training (over 60 hours per month).	Duration of Studies/Vocational Training
⑧ Prevention of Abuse /Domestic Violence	When necessary in order to prevent the occurrence of child abuse/domestic violence	Duration deemed necessary

One of the above reasons must apply to each of the child's parents.

\* Please submit an employment certificate within 90 days of receiving authorization. If, in order to keep job searching, you wish to enroll your child for longer, you will need to reapply for authorization.

## 2 Regarding “Authorization to Use Childcare Facilities” (For Shizuoka City Residents)

Authorization is classified according to your child’s age, household circumstances, and the facility you wish to use.

Type of Facility	Class age	Childcare Required	Authorization Type	Fees to be Waived <sup>*4</sup>
<i>Yochien</i>	Children turning 3 during the school year <sup>*1</sup>	Yes	New Type 3 <sup>*2</sup>	Childcare fees (up to ¥25,700 per month <sup>*5</sup> ) After-hours childcare fees (up to ¥16,300 per month <sup>*6</sup> )
		No	New Type 1	Childcare fees (up to ¥25,700 per month <sup>*5</sup> )
	3-5 year old class	Yes	New Type 2	Childcare fees (up to ¥25,700 per month <sup>*5</sup> ) After-hours childcare fees (up to ¥11,300 per month <sup>*6</sup> )
		No	New Type 1	Childcare fees (up to ¥25,700 per month <sup>*5</sup> )
Accredited <i>Kodomoen</i> (Type 1 Authorization), etc.	Child turning 3 during the school year <sup>*1</sup>	Yes	Type 1 <sup>*3</sup> + New Type 3 <sup>*2</sup>	Childcare fees (whole amount) After-hours childcare fees (up to ¥16,300 per month <sup>*6</sup> )
		No	Type 1 <sup>*3</sup>	Childcare fees (whole amount)
	3-5 year old class	Yes	Type 1 <sup>*3</sup> + New Type 2	Childcare fees (whole amount) After-hours childcare fees (up to ¥11,300 per month <sup>*6</sup> )
		No	Type 1 <sup>*3</sup>	Childcare fees (whole amount)
Unaccredited Childcare Facility, etc.	0-2 year old class	Yes	New Type 3 <sup>*2</sup>	Usage fees <sup>*7</sup> (up to ¥42,000 per month)
		No	—	—
	3-5 year old class	Yes	New Type 2	Usage fees <sup>*7</sup> (up to ¥37,000 per month)
		No	—	—

\*1 This refers to children who have yet to pass March 31<sup>st</sup> after turning 3.

\*2 **Only residence tax exempt households, households receiving welfare payments, and foster parent households are eligible for New Type 3 Authorization.**

\*3 In order to use an Accredited *Kodomoen* (Type 1 Authorization), etc. a Type 1 Education/Childcare Authorization Certificate (*Kyoiku/hoiku kyufu nintei*) is required.

\*4 This refers to the fixed monthly fees paid to your childcare facility, excluding lunch fees, educational material costs, etc. For children attending *Yochien*, Accredited *Kodomoen*, etc. from households with an annual income of under ¥3.6 million and the 3<sup>rd</sup> and subsequent children from all households (restrictions exist on how siblings are counted) fees for supplementary food expenses (side dishes, etc.) will be reduced.

\*5 The upper limit for National University Affiliated *Yochien* is ¥8,700 per month.

\*6 The daily limit is ¥450 (the smaller of “¥450 times no. of days of after-hours childcare used in a month” and the actual after-hours childcare fees will be exempted up to the monthly limit).

\*7 Fees paid to the facility each month excluding amounts for expenses such as lunch fees, learning material expenses, etc.

## 3 How to Receive “Authorization to Use Childcare Facilities”

\*For enrolment procedures, follow the instructions of your chosen facility.

### (1) Using *Yochien*

- ① Pick up an “Authorization to Use Childcare Facilities” Application Form from the *Yochien* at which you have been placed.
- ② Fill in the necessary information and submit the application form to the *Yochien* by the date instructed.  
\*If you want to receive Fee Exemption Benefits for After-hours childcare you also need to submit documents supporting your “reasons for requiring childcare” (see page 3).
- ③ After your application has been assessed, you will receive a notification of the results.

### (2) Using Accredited *Kodomoen* (Type 1 Authorization) etc. with Fee Exemption Benefits for After-hours Childcare

- ① Pick up an “Authorization to Use Childcare Facilities” Application Form from the Accredited *Kodomoen* at which you have been placed.
- ② Fill in the necessary information and submit the application form and the documents supporting your “reasons for requiring childcare” to the Accredited *Kodomoen*.
- ③ After your application has been assessed, you will receive a notification of the results.



### (3) Using Unaccredited Childcare Facilities, etc.

- ① Pick up an “Authorization to Use Childcare Facilities” Application Form from the Childcare Support Division, Enrollment Section (*Nyu en kakari*) counter at your Ward Office.
- ② Fill in the necessary information and submit the application form and the documents supporting your “reasons for requiring childcare” to the Childcare Support Division, Enrollment Section (*Nyu en kakari*) counter at your Ward Office.
- ③ After your application has been assessed, you will receive a notification of the results.

## 【Caution】

If your application for “Authorization to Use Childcare Facilities” is made after you are scheduled to start using the *Yochien*, etc. (after the date from which you wish to receive fee exemption benefits), you will not be able to receive fee exemption benefits for use that occurred before the date of your application. Please complete your application before you are scheduled to start using the childcare facility.

## 4 Documents Required for Application

Please submit the following documents. (Documents are available at each facility and at the Childcare Support Division of each Ward Office. Those who wish to use unaccredited childcare facilities, etc. must please pick up the necessary documents at the Childcare Support Division, Enrollment Section counter of your Ward Office.)

### (1) Documents required by all applicants

Required Documents	Notes
“Authorization to Use Childcare Facilities” Application Form	<ul style="list-style-type: none"> <li>• Please refer to the chart on page 2 and choose the Authorization Type that applies.</li> <li>• One form per child</li> </ul>

### (2) Documents required by those who wish to use *Yochien*, Unaccredited Childcare Facilities, etc.

Required Documents	Notes
My Number Declaration Form	<p>Those who wish to use <i>Yochien</i> must put their My Number Declaration Form in a designated envelope and submit it to the <i>Yochien</i>.</p> <p>Those who wish to use an unaccredited childcare facility do not need a dedicated envelope.</p> <p>*Applicants from outside of Shizuoka City should submit the My Number Declaration Form after moving to Shizuoka City.</p>

### (3) Documents required by those who wish to use After-hours Childcare, Unaccredited Childcare Facilities, etc. (New Type 2 or New Type 3 Authorization)

Required Documents	Notes
Documents supporting your “reason for requiring childcare”	<ul style="list-style-type: none"> <li>• The application must be submitted by a parent or guardian of the child.</li> <li>• When applying for more than one child at the same time, attach a copy of the documents to the younger child’s application.</li> </ul>

Documents supporting reasons for requiring childcare	Reason	Required Documents (The Employment Certificate and Personal Statement/Written Pledge have a specific format for Shizuoka City).
	● Employment	Employment Certificate *1
	● Pregnancy/Delivery	Personal Statement/Written Pledge ( <i>Moshitatesho ken Seiyakusho</i> ) (hereafter referred to as “Personal Statement”) + Copy of Maternal and Child Health Handbook (which shows the cover page & states the due date)
	● Illness/Disability	Personal Statement + Doctor’s Certificate *2,3 (filling in the diagnosis on the Personal Statement is acceptable)
	● Nursing/Caring for Relative	Personal Statement + Doctor’s Certificate *2,3, Nursing Care Insurance Certificate, or Copy of care plan, etc.
	● Post-Disaster Recovery	Disaster Victim Certificate
	● Job Seeking	Personal Statement + Copy of the registration form to Hello Work, etc.
	● Studying/Vocational Training	Personal Statement + Documents indicating period of enrollment and lecture times such as a Certificate of Enrollment, timetable, etc.

\*1 Please submit an “Employment Certificate” that was issued within 3 months of the application date.

\*2 Please submit a Doctor’s Certificate that was issued within 3 months of the application date.

\*3 Doctor’s certificate not required for those with a disability certificate, etc.

## 5 Regarding Applying from Outside of Shizuoka City or to Facilities Outside of Shizuoka City

Those living outside of Shizuoka City who will not complete the procedure for moving into the City before receiving authorization and starting to use *Yochien*, etc. as well as those living within Shizuoka City but who wish to apply to a facility outside the City, and will not complete the procedure for moving out of the City by the time they begin using the facility, should follow the procedures below.

### (1) Non-residents of Shizuoka City wishing to use a *Yochien*, etc. within the City

Where to submit documents	Your current municipality	<ul style="list-style-type: none"> <li>Check the submission procedures with your current municipality in advance.</li> <li>Check the enrolment procedures (separate guide) with your chosen facility.</li> </ul>
Deadline	Check with your current municipality.	
Necessary Documents	Check with your current municipality.	
Precautions	If you will move to Shizuoka City before you start to use the facility, please apply for "Authorization to Use Childcare Facilities" through the City of Shizuoka as soon as you have finished the procedure for moving into the City.	

### (2) Shizuoka City residents wishing to use a *Yochien*, etc. outside of the City

The "Authorization to Use Childcare Facilities" for Shizuoka City residents who wish to use *Yochien*, etc. outside of the City will be granted by the City of Shizuoka.

Where to submit documents	The Childcare Support Division, Enrollment Section of your Ward Office in Shizuoka City.
Deadline	The day before you wish to start using your chosen childcare facility
Necessary Documents	See "Documents Required for Application" on page 3.

## 6 Should the Details in your Application for "Authorization" Change after Submission.

**If any of the details in your application for "Authorization to Use Childcare Facilities" change after submission, you need to submit a "Change of Details Form".**

Please make sure to notify your chosen childcare facility or the Childcare Support Division of your Ward Office if changes occur.

(Examples)

- Changes to the "reason for requiring childcare" (e.g. from Job Seeking to Employment; from Employment to Pregnancy/Delivery; from Nursing/Caring for Relative to Employment; etc.)
- You wish to change the Authorization Type (e.g. New Type 1 to New Type 2)
- Changes in the home situation of the child (marriage, divorce, birth of sibling, etc.)
- Changes to workplace, working hours, working conditions, etc.

## 7 Inquiries Regarding Applying for "Authorization to Use Childcare Facilities"

### ●Aoi Welfare Office Childcare Support Division < Aoi Ward Office 2F >

〒420-8602 5-1 Ote-machi, Aoi-ku TEL : 054-221-1095 • FAX : 054-221-1097

### ●Suruga Welfare Office Childcare Support Division < Suruga Ward Office 2F >

〒422-8550 10-40 Minami Yahata-cho, Suruga-ku TEL : 054-287-8673 • FAX : 054-287-8805

### ●Shimizu Welfare Office Childcare Support Division < Shimizu Ward Office 1F >

〒424-8701 6-8 Asahi-cho, Shimizu-ku TEL : 054-354-2358 • FAX : 054-354-3132

※福祉事務所記入欄

園受付日	子育て支援課 受付日	クラス年齢	認定区分等	認定証番号		園名
/	/	歳	号			
		入力日	認定	判定登録	結果通知	
		/	/	/	/	/

### "Authorization to Use Childcare Facilities" Application Form

To the Mayor of Shizuoka City  
the Aoi Ward / Suruga Ward / Shimizu Ward Welfare Office Director

I am applying, as follows, for Authorization to Use Childcare Facilities as per Article 30 Paragraph 5 Item 1 of the Child & Childcare Support Act.

Type of Authorization	New Type 1 / New Type 2 / New Type 3			Date of Application	(YYYY /年) (MM /月) (DD /日)			
Furigana				Current address of child (if different from parent/guardian)	〒 -			
Name of Child	Last name	First name	M		Date of Birth	(YYYY /年) (MM /月) (DD /日)		
			F	Individual (My) Number	See accompanying documents			
Parents/ Guardians	Name (Last name, First name)		Relationship to child	Date of Birth	Name of workplace, educational institution, etc.		Disability Certificate	Notes
	Furigana		Father · Mother	(YYYY /年) (MM /月) (DD /日)			No / Yes	
				Individual (My) Number	See accompanying documents			
	Furigana		Father · Mother	(YYYY /年) (MM /月) (DD /日)			No / Yes	
		Individual (My) Number		See accompanying documents				
Address	〒 Shizuoka City Aoi/ Suruga/ Shimizu Ward							
	Contact ① Father's mobile phone / Mother's mobile phone / Home / Other ( ) ( - - ) Contact ② Father's mobile phone / Mother's mobile phone / Home / Other ( ) ( - - )							
	*Fill in address if either parent resides at a separate location due to work, etc. <input type="checkbox"/> Father's address <input type="checkbox"/> Mother's address							
	〒 Contact ① Father's mobile phone / Mother's mobile phone / Home / Other ( ) ( - - ) Contact ② Father's mobile phone / Mother's mobile phone / Home / Other ( ) ( - - )							
	Registered address as at 1 January 2022	(Father) →	<input type="checkbox"/> In Shizuoka City	<input type="checkbox"/>	Prefecture	City/Ward/Town		
		(Mother) →	<input type="checkbox"/> In Shizuoka City	<input type="checkbox"/>	Prefecture	City/Ward/Town		
	Registered address as at 1 January 2023 (*)	(Father) →	<input type="checkbox"/> In Shizuoka City	<input type="checkbox"/>	Prefecture	City/Ward/Town		
		(Mother) →	<input type="checkbox"/> In Shizuoka City	<input type="checkbox"/>	Prefecture	City/Ward/Town		
Municipal Resident Tax Info (Parent/Guardian)	If you are eligible for New Type 3 Authorization and your household is exempt from Municipal Resident Tax please tick the box on the right.				<input type="checkbox"/> My household is exempt from Municipal Resident Tax			

(\*) If application is made on or before 31 December 2022, please write the city you will be living in as at 1 January 2023.

○ Please fill in the Yochien, Accredited Kodomoen, Special Support School, etc.

Facility to be attended	Address	〒 -	Tel ( ) ( )
	Scheduled Start Date	From (YYYY /年) (MM /月) (DD /日)	

○ Child's home situation/household members (separate living arrangements, 2 generation homes, annexed rooms, etc. are considered one household)

Other family members living with the child	Name (Last name, First name)	Relationship to child	Date of Birth	Sex	Name of workplace, school, daycare facility, etc. (and grade as at April of the fiscal year of planned use)	Disability Certificate	Notes
			(YYYY /年) (MM /月) (DD /日)	M / F		No / Yes	
			(YYYY /年) (MM /月) (DD /日)	M / F		No / Yes	
			(YYYY /年) (MM /月) (DD /日)	M / F		No / Yes	
			(YYYY /年) (MM /月) (DD /日)	M / F		No / Yes	
			(YYYY /年) (MM /月) (DD /日)	M / F		No / Yes	
			(YYYY /年) (MM /月) (DD /日)	M / F		No / Yes	

Welfare Benefits	Currently applying · Receiving benefits (since ____ YYYY /年 ____ MM /月 ____ DD /日)	
Single Parent: Reason	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unmarried <input type="checkbox"/> In mediation <input type="checkbox"/> Missing <input type="checkbox"/> Other [ ] (since ____ (YYYY /年) ____ (MM /月) ____ (DD /日))	

< Make sure to fill in the back page as well >

○Circumstances of Parent/Guardian's Separately Living Dependand Children

Separately Living Children	Name (Last name, First name)	Relationship to child	Date of Birth	Name of School, etc.
			(YYYY /年) (MM /月) (DD /日)	
			(YYYY /年) (MM /月) (DD /日)	
			(YYYY /年) (MM /月) (DD /日)	

○Circumstances of Separately Living Grandparents

Relationship to child		Name (Last name, First name)	Date of Birth	Address	Current circumstance
Paternal	Grandfather		(YYYY /年) (MM /月) (DD /日)		Employed / Self-employed / Sick / Unemployed Other ( )
	Grandmother		(YYYY /年) (MM /月) (DD /日)		Employed / Self-employed / Sick / Unemployed Other ( )
Maternal	Grandfather		(YYYY /年) (MM /月) (DD /日)		Employed / Self-employed / Sick / Unemployed Other ( )
	Grandmother		(YYYY /年) (MM /月) (DD /日)		Employed / Self-employed / Sick / Unemployed Other ( )

(Note) This box does not need to be filled in for grandparents who live with the child.  
If the grandparent is not around, please write the reason in the name box. (e.g. deceased, divorced)

○Reason for Requiring Childcare Services \*Those applying for New Type 2 or New Type 3 Authorization must please make sure to fill in this section and attach supporting documents.

Relationship	Reason Requiring Daycare					
	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other ( )	<input type="checkbox"/> Employment <input type="checkbox"/> Job Seeking (or preparing to start own business)	<input type="checkbox"/> Pregnancy /Delivery <input type="checkbox"/> Studying /Vocational Training	<input type="checkbox"/> Illness /Disability <input type="checkbox"/> Abuse /Domestic Violence	<input type="checkbox"/> Nursing/Caring for Relative <input type="checkbox"/> Other ( )	<input type="checkbox"/> Post-Disaster Recovery
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other ( )	<input type="checkbox"/> Employment <input type="checkbox"/> Job Seeking (or preparing to start own business)	<input type="checkbox"/> Pregnancy /Delivery <input type="checkbox"/> Studying /Vocational Training	<input type="checkbox"/> Illness /Disability <input type="checkbox"/> Abuse /Domestic Violence	<input type="checkbox"/> Nursing/Caring for Relative <input type="checkbox"/> Other ( )	<input type="checkbox"/> Post-Disaster Recovery	

Please write the details of the circumstances (workplace, work hours, number of work days, condition of illness, etc.)

○Terms of Agreement \*Those applying for New Type 1 - New Type 3 Authorization must please make sure to fill this in.

Terms of Agreement (for Parents/Guardians)			
To the Mayor of Shizuoka City the Aoi Ward / Suruga Ward / Shimizu Ward Welfare Office Director		(YYYY /年)	(MM /月) (DD /日)
I agree to the below terms from the point of application until the Authorization to Use Childcare Facilities expires.			
1. In granting Authorization to Use Childcare Facilities, necessary Basic Resident Register information, municipal residence tax, welfare information, and information regarding households that receive Welfare Benefits may be looked at and used. 2. As per the provisions of Article 30-3 of the Child and Childcare Support Act, as applied mutatis mutandis pursuant to Article 16 of the same Act, in making decisions regarding the granting of Authorization to Use Childcare Facilities and supplementary benefits relating to other costs, and in confirming the municipal residence tax information of parents and other family members living with the child, necessary documents and materials may be requested from public authorities. 3. The contents of this application form may be provided to childcare facilities or services if deemed as necessary information regarding Authorization to Use Childcare Facilities or the payment of fees. 4. As per the provisions of Article 30-11 of the Child and Childcare Support Act, in some cases, fees may be payed by a Designated Child and Childcare Support Provider on behalf of the authorized parent/guardian. 5. As per the provisions of Article 30-5, paragraph (5) of the Child and Childcare Support Act, due to the large number of people wishing to use childcare services from April of the new school year, and the resulting strain on authorization processes, the results of your authorization may take up until the day before you start using childcare services to be released, regardless of when you submitted your application. 6. If the contents of your application differ from the actual facts, your Authorization for Use of Childcare Facilities may be revoked. 7. You can not apply for this authorization if, on the date you wish to receive authorization, you are using a facility (corporate-run childcare service) as determined by Cabinet Order pursuant to Article 7,			
Signees	Father		Grandfather (living with child)
	Mother		Grandmother (living with child)

(Note) Each parent/guardian, and each grandparent that lives with the child must personally sign in the spaces above.

# Example

※Please fill out all the boxes inside the bold lines.

Do not forget to fill out the Terms of Agreement.

## Caution:

If your application for "Authorization to Use Childcare Facilities" is made after you are scheduled to start using the Yochien, etc. (after the date from which you wish to receive fee exemption benefits), you will not be able to receive fee exemption benefits for use that occurred before the date of your application. Please complete your application before you are scheduled to start using the childcare facility.

Please see the guide to confirm the type of authorization you need and then circle the one that applies. Those who circle "New Type 2" or "New Type 3" must please fill out your "reason for requiring childcare services" on the back of this form.

Type of Authorization	New Type 1 / <b>New Type 2</b> / New Type 3			Date of Application	2022(YYYY/年)10(MM/月)4(DD/日)	
Furigana	スミス ジェーン		Date of Birth	2018(YYYY/年)2(MM/月)14(DD/日)		Current address of child (if different from parent/guardian)
Name of Child	Last name: <b>Smith</b> / First name: <b>Jane</b> / M: <input type="checkbox"/> / F: <input checked="" type="checkbox"/>	Individual (My) Number	See accompanying documents			
Parents/Guardians	Name (Last name, First name)	Relationship to child	Date of Birth	Name of workplace, educational institution, etc.	Disability Certificate	Notes
	Furigana: <b>スミス ジョン</b> <b>Smith John</b>	<b>Father</b> · Mother	1985(YYYY/年)9(MM/月)13(DD/日) Individual (My) Number: See accompanying documents	〇〇Shoten Co. Ltd.	<input checked="" type="checkbox"/> No / Yes	
	Furigana: <b>スミス エミリー</b> <b>Smith Emily</b>	Father · <b>Mother</b>	1986(YYYY/年)7(MM/月)22(DD/日) Individual (My) Number: See accompanying documents	〇〇Seisakusho	<input checked="" type="checkbox"/> No / Yes	
Address	〒422-8004 Shizuoka City Aoi Ward / <b>Suruga Ward</b> / Shimizu Ward <b>Kuniyoshida 4-chome 00-17</b>					
	Contact ① Father's mobile phone / Mother's mobile phone / Home / Other ( ) (090-1234-△△△△) Contact ② Father's mobile phone / Mother's mobile phone / Home / Other ( ) (080-1234-△△△△)					
	*Fill in address if either parent resides at a separate location due to work, etc. <input type="checkbox"/> Father's address <input type="checkbox"/> Mother's address 〒430-0001 Hamamatsu-shi Naka-ku Ote-machi 3-chome 〇〇-25 Contact ① Father's mobile phone / Mother's mobile phone / Home / Other ( ) ( - - ) Contact ② Father's mobile phone / Mother's mobile phone / Home / Other ( ) ( - - )					
Registered address as at 1 January 2022		(Father) → <input type="checkbox"/> In Shizuoka City <input checked="" type="checkbox"/> <b>Shizuoka</b> Prefecture <b>Hamamatsu</b> City/Ward/Town	(Mother) → <input checked="" type="checkbox"/> In Shizuoka City <input type="checkbox"/> Prefecture City/Ward/Town			
Registered address as at 1 January 2023 (*)		(Father) → <input checked="" type="checkbox"/> In Shizuoka City <input type="checkbox"/> Prefecture City/Ward/Town	(Mother) → <input checked="" type="checkbox"/> In Shizuoka City <input type="checkbox"/> Prefecture City/Ward/Town			
Municipal Resident Tax Info (Parent/Guardian)	If you are eligible for New Type 3 Authorization and your household is exempt from Municipal Resident Tax please tick the box on the right.			<input type="checkbox"/> My household is exempt from Municipal Resident Tax		

(\*) If application is made on or before 31 December 2022, please write the city you will be living in as at 1 January 2023.

○Please fill in the Yochien, Accredited Kodomoen, Special Support School, etc.

Facility to be attended	〇〇〇 Yochien	Address	〒424-8701 Tel 054(987)6543 6-8 Asahi-cho, Shimizu-ku, Shizuoka City		
Scheduled Start Date		From	2023(YYYY/年)	4(MM/月)	1(DD/日)

○Child's home situation/household members (separate living arrangements, 2 generation homes, annexed rooms, etc. are considered one household)

Other family members living with the child	Name (Last name, first name)	Relationship to child	Date of Birth	Sex	Name of workplace, school, daycare facility, etc. (and grade as at April of the fiscal year of planned use)	Notes
	Smith Dylan	older brother	2011(YYYY/年)9(MM/月)21(DD/日)	<input checked="" type="checkbox"/> M / <input type="checkbox"/> F	6th grade Togendai Elementary School	
	Smith Hailey	younger sister	2020(YYYY/年)5(MM/月)5(DD/日)	<input type="checkbox"/> M / <input checked="" type="checkbox"/> F	Currently applying to 〇〇 Kodomoen	
	Smith Agatha	grandmother	1962(YYYY/年)4(MM/月)17(DD/日)	<input type="checkbox"/> M / <input checked="" type="checkbox"/> F	Unemployed	


< Back of Form >

Reason for Requiring Childcare	Relationship	Reason				
<input checked="" type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other ( )	<input checked="" type="checkbox"/> Employment	<input type="checkbox"/> Pregnancy /Delivery	<input type="checkbox"/> Illness /Disability	<input type="checkbox"/> Nursing/Caring for Relative	<input type="checkbox"/> Post-Disaster Recovery	
	<input type="checkbox"/> Job Seeking (or preparing to start own business)	<input type="checkbox"/> Studying /Vocational Training	<input type="checkbox"/> Abuse /Domestic Violence	<input type="checkbox"/> Other ( )		
<input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Other ( )	<input checked="" type="checkbox"/> Employment	<input type="checkbox"/> Pregnancy /Delivery	<input type="checkbox"/> Illness /Disability	<input type="checkbox"/> Nursing/Caring for Relative	<input type="checkbox"/> Post-Disaster Recovery	
	<input type="checkbox"/> Job Seeking (or preparing to start own business)	<input type="checkbox"/> Studying /Vocational Training	<input type="checkbox"/> Abuse /Domestic Violence	<input type="checkbox"/> Other ( )		
Please write the details of the circumstances (workplace, work hours, number of work days, condition of illness, etc.) Father works at 〇〇〇Shoten. Mother works part-time at 〇〇Seisakusho. Grandmother who lives together is under 60 years of age, but cannot look after children because of her disability.						

**Those applying for New Type 2 and New Type 3 Authorization must  
please attach documents to support your "Reason for Requiring  
Childcare Services"  
(Employment Certificate, Personal Statement, Doctor's Certificate, etc.)**

Line up the documents with the center fold so as not stick out from the application form, and glue the **left edge** to this page.

\*Please arrange the documents so that the mother's documents are on top.



When attaching your Employment Certificate, etc., please line up  
the documents with the center fold so as not stick out from the  
application form, and glue the left edge to this page.