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.).

institution where you want to join in the 1st option field.

Xobien 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	〒			丁目(Chōme		番地Banchi			号Gō						
<u>Ç</u>	address	(Apartment/Mansion Name)															
븚	My Number							Birth (date	□Heisei	□Reiwa Ye	ear	N	1	D		
(apr	フリガナ <i>Furigana</i>												Gend	der	Age ir	n April/1	
ညြင်	氏名 Child's	S											歳				
int)	full name												口女	τ _F		Years old	
		Code 施設名 Nursery Name								希望理由 Reason for requesting							
		第1希望											•				
		1st option															
	!	第2希望	\vdash														
<u>></u>	施設コード																
一番	施設名 Nursery	2nd option	\vdash														
入園希望について	Code and Name	第3希望															
ンイ		3rd option															
Adn		第4希望															
niss		4th option															
ön		第5希望															
req		5th option															
Admission reques	Period	Reiwa Year		Month	Da	av	to	Reiwa Y	⁄ear	Moi	nth	Day	<i>y</i>				
	Day of use]Tue	□Wed		-			Time		1:	to		:			
	Certification classification	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □															
	Required time																
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.	保護者登録者	者 Registere	d pare	ent		∃ Fath	er □ N	Mother		Other ()					
.	・連絡先優先者	者 Phone co	ntact _f	priority	Г	∃Fath	er □ N	Mother		Other (,)					
\vdash																	
	フリガナ <i>Furigana</i>																
$\rangle\!\!>$	氏名	□ _{母子家庭により不在} Absent (fatherless family)															
	Full name		より不在 /	Absent (1	atheries	s tamı	iy)	T	• • •			-	1 1		15		
Fath	MyNumber							Birth	date	∐Shōwa	□Heisei Y	′ear_		M	D		
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≥	MyNumber			<u> </u>	<u>- </u>		,	Birth	date	Shōwa	□Heisei Y	/ear		М	D		
Mother		I の住所 Addres	e if live	e senara	باماد			D									
<u>"</u>	-																
		ena6年1月1日現在の住所 Address in 2024/Jan/1 nake Phone Nr. (don't use hyphens, fill from left side)															

申請児	_{児童との続柄} フリガナ <i>Furigana</i> Relationship 氏名 Full name				生年月日 Birth date					School code		校名等 ol name	生計関係 Livelihood		
童以夕		ДА I UII Hame			□Heisei —— ——					April/1 code		School name			
申請児童以外の児童Child's siblings					□Reiwa	Y M_	D						☐Together ☐None		
Child					□Heisei								□Together		
's si					□Reiwa								□None		
oling					□Heisei								□Together		
ď					□Reiwa	Y M_	D						□None		
庫	生活保護受給の有無				□No	開始年月日		П р абия	V	M					
世帯状況 Household status	Receive Seikatsu Hogo				□No Starting date □Heisei □Reiwa Y M D □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □										
Hoc	┃						Starting date								
ıseh		Single-parent family ☐Yes					□ 未婚Sin								
od :		J 1	,			_{理由} Reason	□ 調停Div	orce pro	cess □ ♯	宗Bisap	peared [eared □ 服役In prision			
statu	障害世帯の適用				于被床持有有 DOOKIEL								童との続柄 plationship		
เร					No holder's name Relationship with child										
	×	フリガナFurigana				B: # 1 .	Age in April/1 Years old								
	父方祖父Paternal grandfather	Full name				Birth date							Heisei Y	N	
☐ Absent															
		Address	□ 同居 Live together □ 同一敷地内 Within the same site □ 隣接地 Adjacent land												
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	母方祖父Maternal grandfather	Full name				l Rirth date I	Shōwa Heisei Y	N.	,	р		ge in pril/1			
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	神	フリガナFurigana					Shōwa				Δ	ge in			
1	方祖兵	Full name				Birth date I	Heisei Y	N	1	D		11/4	Years old		
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