子育てのための施設等利用給付認定(変更)申請書

Application to certify/change financial support for use of childcare facilities

Mayor of Izumo City 出雲市長様

By completing this application, you consent to the following:

1. In order to inspect your case for certification of financial support to use childcare facilities, or to confirm the tax status of the applicant or their family members in the same household, a government or public office may request to be issued and inspect the necessary documents.
2. The information given on your application form may be shared with institutions and their employees, in the case where this information is necessary with regards to certifying financial assistance for use of the institutions or offering support for institutions' usage fees.
3. In some cases, you must first pay the fees for using childcare facilities, and your money will be returned.
4. If your child is enrolled to start childcare in April of next year, the announcement of certification inspection results may be delayed until the day before childcare is scheduled to begin at the latest. This is due to the high volume of applications coming into the certification office at that time.
5. If information given on your application is found to be false, your certification to receive financial support institutional fees may be revoked.
6. If your child is attending a business-led nursery school as of the day you hope to be certified to receive financial support, you cannot apply for this certification.

I consent to the above conditions. I hereby apply for certification to receive financial support for childcare institutions such as kindergartens, certified daycare centers, special support schools (and their extended childcare services), unlicensed nurseries, temporary childcare businesses, daycare services for sick children, and other institutions offering services for childcare assistance support activities.

Year 年 Month 月 Day 日

Guardians 保護者	Current address 現住所	〒	Contact imformation 連絡先 日中に連絡のとれる順で記入 Write the best daytime contact number first	1	□Cell phone (Father) 父携帯 □Cell phone (Mother) 母携帯 □Other その他 ( )
	New address (if moving) 転居・転入先は下段へ記入	〒		2	□Cell phone (Father) 父携帯 □Cell phone (Mother) 母携帯 □Other その他 ( )
	フリガナ			3	□Cell phone (Father) 父携帯 □Cell phone (Mother) 母携帯 □Other その他 ( )
	Name 氏名	※The guardian written here should reside in Izumo and be the primary provider. 出雲市に住所を有する父母どちらかで、生計の中心者を記入			
Applying child 申請子ども	フリガナ		Date of birth 生年月日	Year 年 Month 月 Day 日	
	Name 氏名				
kindergarten・certified childcare center 幼稚園・認定こども園等			Certification of nursing requirement or disability card 要介護認定又は障害者手帳		□Yes有

①世帯構成（同居者を全員記入して下さい。） Please fill in information for all people living with the applying child.

Guardians and other people living with the applying child 申請子どもの保護者及び同居者		Name 氏名	Relation to the applying child 申請子どもとの続柄	Date of birth 生年月日	Workplace / School / Kindergarten attending, or Job transfer post 就労・通学・通園先 又は単身赴任先	Certification of nursing requirement or disability card 要介護認定又は障害者手帳
	1			Year 年 Month 月 Day 日		□Yes有
	2			Year 年 Month 月 Day 日		□Yes有
	3			Year 年 Month 月 Day 日		□Yes有
	4			Year 年 Month 月 Day 日		□Yes有
	5			Year 年 Month 月 Day 日		□Yes有
	6			Year 年 Month 月 Day 日		□Yes有

②認定を希望する期間、認定種別 Date by which you hope to be certified (date when you will start using the facilities)、Certification type

Date by which you hope to be certified (date when you will start using the facilities) 認定希望日（施設利用開始日）	Year 年 Month 月 Day 日 ～ Year 年 Month 月 Day 日
Certification type 認定種別	□ The applying child was 3 years old or older on April 1, 2019 (Number 2) 申請子どもは、平成31年4月1日時点で満３歳以上(第２号) The applying child was younger than 3 years old on April 1, 2019 (Number 3) 申請子どもは、平成31年4月1日時点で満３歳未満(第３号) □ ⇒My household is exempt from paying municipal taxes. (Yes / No) 市民税非課税世帯である。（はい・いいえ） ※Only those who answer "Yes" are eligible to have their fees waived. ※はいの場合のみ無償化の該当です。

If you checked (Number 3) in the above box titled Certification type, and you were not a registered resident of Izumo City as of January 1 of this year (last year) please fill in the below box.
上記「認定種別」が(第3号)に該当し、本年（前年）1月1日に出雲市に住民登録がない場合は記入してください。

Address as of January 1 of the year (year before) in which you hope to be certified 認定希望日の年（前年）の1月1日現在の住所	Father 父		Mother 母	

<Please be sure to fill in the opposite side of this application> **<必ず裏面も記入して下さい>**

③保育を必要とする事由 Official need for childcare

Official need for childcare 保育を必要とする理由	Relation to child （子から見た続柄） Father Mother Other 父 母 その他 （ ）	☐ Employment over 48 hours per month 就労 ☐ Illness or disability 疾病・障がい ☐ Caretaker for a Relative over 48 hours per month 親族の介護・看護 ☐ Studies or vocational training over 48 hours per month 就学・職業訓練	☐ Pre/Post Birth of a Sibling 妊娠・出産 ☐ Repairs to home after disaster 災害復旧 ☐ Jobseeking・Preparation for starting a business 求職活動 ☐ Resides outside of Izumo/other（ ） 市外在住・その他
	Relation to child （子から見た続柄） Father Mother Other 父 母 その他 （ ）	☐ Employment over 48 hours per month 就労 ☐ Illness or disability 疾病・障がい ☐ Caretaker for a Relative over 48 hours per month 親族の介護・看護 ☐ Studies or vocational training over 48 hours per month 就学・職業訓練	☐ Pre/Post Birth of a Sibling 妊娠・出産 ☐ Repairs to home after disaster 災害復旧 ☐ Jobseeking・Preparation for starting a business 求職活動 ☐ Resides outside of Izumo/other（ ） 市外在住・その他

④認定変更・内容変更の理由 Reason for change

Reason for change 理由		☐ Period 期間	☐ Reason 事由	☐ Change guardian 保護者変更

⑤幼稚園・認定こども園・特別支援学校幼稚部を利用する(予定含む)方は記入して下さい。
Please fill in this field if you use or plan to use a kindergarten, certified childcare center, or early education department at a special support school.

フリガナ		Location 所在地	〒 ー TEL			
Name of facility 施設名		Date you plan to start using it 利用開始予定日		Year 年	Month 月	Day 日

⑥認可外保育施設、一時預かり事業、病児保育事業、子育て援助活動支援事業を利用する(予定含む)方は記入して下さい。
Please fill in this field if you use or plan to use a unlicensed, temporary childcare, daycare for sick children, or childcare assistance activities.

フリガナ 施設名 Name of facility	利用するサービスの種類 Type of service	所在地 Location	Date you plan to start using it 利用開始予定日
	認可外 Unlicensed 一時預かり Temporary childcare 病児保育 Daycare for sick children 子育て援助活動 Childcare assistance activities	〒 ー TEL	Year 年 Month 月 Day 日
	認可外 Unlicensed 一時預かり Temporary childcare 病児保育 Daycare for sick children 子育て援助活動 Childcare assistance activities	〒 ー TEL	Year 年 Month 月 Day 日
	認可外 Unlicensed 一時預かり Temporary childcare 病児保育 Daycare for sick children 子育て援助活動 Childcare assistance activities	〒 ー TEL	Year 年 Month 月 Day 日
	認可外 Unlicensed 一時預かり Temporary childcare 病児保育 Daycare for sick children 子育て援助活動 Childcare assistance activities	〒 ー TEL	Year 年 Month 月 Day 日

※出雲市記載欄

変更内容 認定（移動前→後、該当☑）	RS入力		交付		受付
	認定	確認	本人	園	
◇期間 ○保護者（○父 ○母） □就労 □出産 □疾病・障害 □介護・看護 □災害 □就学・職訓 □虐待・DV □求職 □その他					

受付