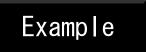
## Application Form for Use of Childcare Facility



New/Transfer Application

To the Head of the Toyohashi City Welfare Office

\*There is no official form, so you can write this information as you'd like, but an example is available on the official Toyohashi website.

Reason childcare

is required

childcare.

Notes

There is nobody to look after

works at an appliance store.

Tammy. Her mother and I both

work, and her grandmother also

Please give specific reasons as to why you need

(and register of children in childcare) 保育施設等利用申込書

(兼保育児童台帳)

**☑** Continued Use Application

		Application Date: <b>2026</b> 年	Month
	<b>₹440-0000</b>	Application Date: 2026年	月
Guardian Address	Toyohashi-shi <b>Imahashi-cho 1 B</b>	anchi	
Furigana			
Child Name	Toyohashi Tammy	isei・Reiwa <b>2022</b> 年 〇〇月 〇〇日	
Furigana			
Guardian Name (Representative Guardian)	Toyohashi Tim	ouwa・Heisei <b>1994</b> 年 〇〇月 〇〇日	
I am applying to	enroll my child in preschool, kindergarte		
	Preferred Childcare Facility Name	Reason for Wanting to Enroll	事業所番号 *City Use
1st Choice	Toyohashi Hoikuen	Want to keep continue using	
2 <sup>nd</sup> Choice			
3 <sup>rd</sup> Choice			
4 <sup>th</sup> Choice			
	ions are made for each school year, the lo	ngest you can request childcare for is for the length )	of the Reiwa 9
-	e to choose 6 or more facilities, the right and fill in a separate	I have 6 or more prere	facilities

(listed on separate page)

Period during which

childcare is required

From **2026** 年 **4**月 **1**目

2027 年 3月 31日

(continued on reverse)

☆The information you write below will be provided to the childcare facility your child is accepted into.

Please	comi	plete	all	sections.

	Name		Age (as of April 1, 2	2026)	Sex	Place of Employment, or School Name + Grade, etc.		
Applicant Child	Toyohashi Tammy		3 year 2022 <sup>year</sup> ○ 月 ○		M(·F)			
·	Toyohashi Tim  Toyohashi Tina  Toyohashi Tristan			8歳	M)F	Yoshida Department Store		
Iouseho			35	5 歳	M·F)	JA Group Imahashi		
hild's F			7	7 歳	MF	Toyohashi Elementary School, Grade 2		
				歳	M•F			
Members of				歳	M•F			
Mer				歳	M·F			
TH	TEL (Home) - (Father Cell) 000-0000-0000 (Mother Cell) 000-0000-0000							
( ]	What number child in your family is	s the child	you are apply	ing fo	r			
		3rd child	□4th ch		□5th c	hild	☐6th child	□7th child
Please tell us about your child's development, health examinations, etc. If there are any delays in their development, illnesses they have dealt with, etc., please fill in information about these conditions and speak with the childcare facilities you are applying to in advance.    Development								
	Major illnesses ( None )							
	Allergies, chronic illnesses ( Albumin/egg white allergy )							
	Medical institutions visited for child's development, etc. ( Toyohashi Clinic )							
	Checkup for 18-month-old infants							
	□ Not yet examined □ No  Checkup for 3-year-old toddlers □ Examined → Guidance □ Yes Details:							
✓ Not yet examined □ No								
( :	Grandparents on fathe					rar the	e <i>banchi</i>	possible, down to
	☐ Same household/on same plot of l	and/next d	loor				ame plot of land/	
☐ Living Elsewhere→Address  ( Banchi)				Living Elsewhere→Address (□□CityOOCho△ anchi)				
	·			ement (Deceased)				

\*Please contact the Toyohashi City Hall Nursery Division (*Hoiku-ka*) (TEL: 0532 51-2322) if you have any questions regarding this form or your application.