

Application Form for Use of Childcare Facility

(and register of children in childcare)

保育施設等利用申込書

(兼保育児童台帳)

Example

To the Head of the Toyohashi City Welfare Office

☐ New/Transfer Application
 ☒ Continued Use Application
Application Date: 2026^{Year}年 月^{Month} 日^{Day}

Guardian Address	〒440-0000 Toyohashi-shi Imahashi-cho 1 Banchi
Furigana	
Child Name	Toyohashi Tammy Heisei・Reiwa 2022 ^{Year} 年 〇〇 ^{Month} 月 〇〇 ^{Day} 日
Furigana	
Guardian Name (Representative Guardian)	Toyohashi Tim Shouwa・Heisei 1994 ^{Year} 年 〇〇 ^{Month} 月 〇〇 ^{Day} 日

I am applying to enroll my child in preschool, kindergarten, etc., as described below

	Preferred Childcare Facility Name	Reason for Wanting to Enroll	事業所番号 *City Use
1 st Choice	Toyohashi Hoikuen	Want to keep continue using	
2 nd Choice			
3 rd Choice			
4 th Choice			

As applications are made for each school year, the longest you can request childcare for is for the length of the Reiwa 9 (2027) school year (April 1, 2026 to March 31, 2027)

If you would like to choose 6 or more facilities, check the box to the right and fill in a separate sheet.

※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.

☐ I have 6 or more preferred facilities (listed on separate page)

Reason childcare is required	There is nobody to look after Tammy. Her mother and I both work, and her grandmother also works at an appliance store.	Period during which childcare is required	From 2026 ^{Year} 年 4 ^{Month} 月 1 ^{Day} 日 to 2027 ^{Year} 年 3 ^{Month} 月 31 ^{Day} 日
Notes	Please give specific reasons as to why you need childcare.		

(continued on reverse)

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

	Name	Relation to Applicant Child	Age (as of April 1, 2026)	Sex	Place of Employment, or School Name + Grade, etc.
Applicant Child	Furigana	Self	3 years old 歳	M • F	
	Toyohashi Tammy		2022年〇〇月〇〇日		
Members of Child's Household	Toyohashi Tim	Father	38 歳	(M) • F	Yoshida Department Store
	Toyohashi Tina	Mother	35 歳	M • (F)	JA Group Imahashi
	Toyohashi Tristan	Older Brother	7 歳	(M) • F	Toyohashi Elementary School, Grade 2
			歳	M • F	
			歳	M • F	
			歳	M • F	
TEL	(Home) — — (Father Cell) 000—0000—0000 (Mother Cell) 000—0000—0000				

(1) What number child in your family is the child you are applying for

<input type="checkbox"/> 1st child	<input checked="" type="checkbox"/> 2nd child	<input type="checkbox"/> 3rd child	<input type="checkbox"/> 4th child	<input type="checkbox"/> 5th child	<input type="checkbox"/> 6th child	<input type="checkbox"/> 7th child
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(2) 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.**

<u>Development</u>	
Physical	Standing while holding something (8 months) Walking unassisted (11 months)
Language	Started speaking at (18 months) Delay in speech? (Y • (N))
Toilet independence (going without help)	Urination (Peeing): (Y) • N Defecation (Pooping): Y • (N)
Concerning Behavior? (Sucks on thumb, sometimes can't keep calm or loses temper)	
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	<input checked="" type="checkbox"/> Examined → Guidance <input type="checkbox"/> Yes Details:
	<input type="checkbox"/> Not yet examined <input checked="" type="checkbox"/> No
Checkup for 3-year-old toddlers	<input type="checkbox"/> Examined → Guidance <input type="checkbox"/> Yes Details:
	<input checked="" type="checkbox"/> Not yet examined <input type="checkbox"/> No

(3) Grandparents

Grandparents on father's side	Grandparents on mother's side
<input type="checkbox"/> Same household/on same plot of land/next door	<input type="checkbox"/> Same household/on same plot of land/next door
<input type="checkbox"/> Living Elsewhere→Address ()	<input checked="" type="checkbox"/> Living Elsewhere→Address (□□City〇〇Cho△ Banchi)
<input checked="" type="checkbox"/> Bereavement (Deceased)	<input type="checkbox"/> Bereavement (Deceased)

Be as specific as possible, down to the **banchi**

*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.