

**Application for Children's Education and Nursery Benefits as well as for Day Nursery /Integrated facilities of Kindergarten and Day Nursery Enrollment**

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 月 利用  | 0   | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> Extension at the same time     | At the time of your child's enrollment, if the extension is essential, tick the Extension at the same time. If it's not essential, tick Extension not at the same time. |   |   |   |   |   |
| <input type="checkbox"/> Extension not at the same time |   |   |   |   |   |   |

To: Mayor of Shibuya City/Shibuya Board of Education

Date:     YY   MM   DD

I am applying for the nursery care because of

- Employment   Pregnant/Childbirth   Sickness/Disabled   Nursing care etc.   Job-seeking   Education   Others

I consent for my Basic Resident Register information or my Resident card to be seen by the authorities for the determination of the fees of the nursery care and will also agree to pay the fees to each facility.

I also agree with the following statement:

\*This application allows people concerned to confirm your My Number, to access to your residence tax ledger and your resident certificate in order to make assessment of needs and also to decide service users' payment amount etc, and to provide the calculated amount of user payment based on the provided information to nursery facilities. To provide your application form (except My Number) etc to nursery facilities and service providers at the time of interviews by them when you are provisionally accepted.

\*I consent for supplying my application information (except "My Number") to assigned interviewers on the occasion of entrance interview.

Postal code    -

Address: Shibuya-ku

Applicant's name: \_\_\_\_\_

Phone No. :     -     -     (Father · Mother · )

Phone No. :     -     -     (Father · Mother · )

**【About the child(ren) applying for day nursery】**

※If the child is three years old by the date of enrollment, please circle 2nd level, if the child is younger, please circle 3rd level

※When you apply for more than one child, you must also fill out the back of this form. If not, we will put the priority on each of your child's desired nurseries.

兄弟入園条件別紙あり

| (Name in katakana)<br>Name | Sex  | Age | Level  | Date of birth |   |  |    | Requested Period/Duration of day nursery |    |    |  |  |
|----------------------------|--|-----|--|---------------|---|--|----|--|----|----|--|--|
|                            | <input type="checkbox"/> M<br><input type="checkbox"/> F |     | <input type="checkbox"/> 2nd<br><input type="checkbox"/> 3rd | 2             | 0 |  | YY |  | MM | DD | from <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value=""/> <input type="text" value=""/> YY <input type="text" value=""/> <input type="text" value=""/> MM | to <input type="checkbox"/> entering elementary school<br>to <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value=""/> <input type="text" value=""/> YY <input type="text" value=""/> <input type="text" value=""/> MM |
|                            |  |     |  |               |   |  |    |  |    |    |  |  |
|                            | <input type="checkbox"/> M<br><input type="checkbox"/> F |     | <input type="checkbox"/> 2nd<br><input type="checkbox"/> 3rd | 2             | 0 |  | YY |  | MM | DD | from <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value=""/> <input type="text" value=""/> YY <input type="text" value=""/> <input type="text" value=""/> MM | to <input type="checkbox"/> entering elementary school<br>to <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value=""/> <input type="text" value=""/> YY <input type="text" value=""/> <input type="text" value=""/> MM |
|                            |  |     |  |               |   |  |    |  |    |    |  |  |
|                            | <input type="checkbox"/> M<br><input type="checkbox"/> F |     | <input type="checkbox"/> 2nd<br><input type="checkbox"/> 3rd | 2             | 0 |  | YY |  | MM | DD | from <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value=""/> <input type="text" value=""/> YY <input type="text" value=""/> <input type="text" value=""/> MM | to <input type="checkbox"/> entering elementary school<br>to <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value=""/> <input type="text" value=""/> YY <input type="text" value=""/> <input type="text" value=""/> MM |
|                            |  |     |  |               |   |  |    |  |    |    |  |  |

**【Nursery preferences】 ※up to 10 nurseries in order of your preference**

※Specify the name of your choice among affiliated facilities of the Small-sized Childcare Facility on the back . (facilities to send your child for 3-year-old class)

|  |   |          |   |          |   |          |   |          |   |                           |
|--|---|----------|---|----------|---|----------|---|----------|---|---------------------------|
| <b>1</b>   | <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | <b>2</b> | <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | <b>3</b> | <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | <b>4</b> | <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | <b>5</b> | <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | Number<br>(of facilities) |
| <b>6</b>   | <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | <b>7</b> | <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | <b>8</b> | <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | <b>9</b> | <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> |          |   |                           |
| 【For office only】 小規模保育施設希望 <input type="checkbox"/> あり <input type="checkbox"/> なし →連携園確認 ① <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> ② <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> ③ <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> |   |          |   |          |   |          |   |          |   |                           |

**【Public day nursery rooms for the children on the waiting list and home-visit childcare service】 ※You can name 5 facilities in the order of your preference.**

|          |   |          |   |          |   |                        |
|----------|---|----------|---|----------|---|------------------------|
| <b>1</b> | <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | <b>2</b> | <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | <b>3</b> | <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> | Number (of facilities) |
|          |   |          |   |          |   |                        |

**【About your family who living together】**

※"Relationship" should be relationship to the applicant child. (e.g. father/mother /sibling/grandfather, etc.)

|                               | (Name in katakana)<br>Name | Relation | Sex  | Date of birth |  |  |    | Age | Occupation, etc. | Address as<br>of 1/1/2021 | Address as<br>of 1/1/2022   |  |
|-------------------------------|----------------------------|----------|--|---------------|--|--|----|-----|------------------|---------------------------|---|--|
| Guardians                     |                            |          | <input type="checkbox"/> M<br><input type="checkbox"/> F |               |  |  | YY |     | MM               | DD                        | <input type="checkbox"/> Shibuya-ku<br><input type="checkbox"/> Other<br>( )  | <input type="checkbox"/> Shibuya-ku<br><input type="checkbox"/> Other<br>( ) |
|                               |                            |          | <input type="checkbox"/> M<br><input type="checkbox"/> F |               |  |  | YY |     | MM               | DD                        | <input type="checkbox"/> Shibuya-ku<br><input type="checkbox"/> Other<br>( )  | <input type="checkbox"/> Shibuya-ku<br><input type="checkbox"/> Other<br>( ) |
| Family member living together |                            |          | <input type="checkbox"/> M<br><input type="checkbox"/> F |               |  |  | YY |     | MM               | DD                        | please fill in the names of schools/nurseries if there are sibs. Also include any other family members who are residing with you. |  |
|                               |                            |          | <input type="checkbox"/> M<br><input type="checkbox"/> F |               |  |  | YY |     | MM               | DD                        |   |  |

**Regarding Individual Number (My Number)**

◎Please fill in about guardians, children and families living together.

★Documents necessary to confirm all the listed persons' My Number; My Number card, Notification card, or Residence Certificate★

◎When you come to Shibuya City Office, please bring your ID with photo (driver's license, passport etc.) or two ID without photo (Health insurance card and so on).

|                       | Name | Relationship | My Number (12 digit) |  |  |  |  |  |  |  |  |  | Verification documents of My Number |  |  |  |  |
|-----------------------|------|--------------|----------------------|--|--|--|--|--|--|--|--|--|-------------------------------------|--|--|--|--|
| Guardian              |      |              |                      |  |  |  |  |  |  |  |  |  |                                     |  |  | <input type="checkbox"/> My Number card <input type="checkbox"/> Notification card |  |
|                       |      |              |                      |  |  |  |  |  |  |  |  |  |                                     |  |  | <input type="checkbox"/> Residence certificate(with My Number)                     |  |
| Applicant (child/ren) |      |              |                      |  |  |  |  |  |  |  |  |  |                                     |  |  | <input type="checkbox"/> My Number card <input type="checkbox"/> Notification card |  |
|                       |      |              |                      |  |  |  |  |  |  |  |  |  |                                     |  |  | <input type="checkbox"/> Residence certificate(with My Number)                     |  |
|                       |      |              |                      |  |  |  |  |  |  |  |  |  |                                     |  |  | <input type="checkbox"/> My Number card <input type="checkbox"/> Notification card |  |

**To those who are applying during the period of maternity leave or childcare leave**

Tick ○ if you can extend your childcare leave so, no problem of prioritizing other children's enrollment.

Tick ⊙ if you plan to terminate your childcare leave and go back to work once your child can enroll.

|  |
|--|
| <input type="checkbox"/> ① If you are not accepted by the preferred nursery, I can extend my childcare leave. (extend my childcare leave and be on the waiting list.)<br>※Apply Adjustment Index Number 22<br><input type="checkbox"/> ② Would like to return to work as soon as possible (go back to work the same month that enrollment is informed) |
|--|

**※To those who are applying for more than one child**

When you apply for more than one child at the same time, points of "siblings applied at the same time" will be added and all of the accepted children need to be enrolled.

★We regard the result of the 1st and 2nd selection in April as the one made at the same time.

If you decline any of their acceptances, another child or other children's acceptance might be cancelled. Please be reminded that declining of the acceptance would cause some adverse conditions. Choose one from ○~ⓐ.

|   |  |
|---|--|
| <input type="checkbox"/> ① Request only the same facility at the same time  | Same facility / Same time                          |
| <input type="checkbox"/> ② Request only the same facility even with different timing Request even if one of my children can enroll.<br>【Older Child】 Prioritize : If siblings cannot enroll the same nursery, only enroll 【Older Child】 .     | Same facility / Different time (Older)             |
| <input type="checkbox"/> ③ Request only the same facility even with different timing Request even if one of my children can enroll.<br>【Younger Child】 Prioritize : If siblings cannot enroll the same nursery, only enroll 【Younger Child】 . | Same facility / Different time (Younger)           |
| <input type="checkbox"/> ④ It's alright to enroll at different timing or different nurseries but if they can enroll the same nursery, it's better to enroll less priority nurseries.  | Different facility/ Different time (Same facility) |
| <input type="checkbox"/> ⑤ It's alright to enroll at different timing or different nurseries as long as each child can enroll higher priority nurseries respectively.   | Different facility/ Different time (Preference)    |
| <input type="checkbox"/> ⑥ If they can enroll at the same timing, different nurseries are acceptable as long as they can enroll higher priority nurseries respectively.   | Different facility/ Same time (Preference)         |
| <input type="checkbox"/> ⑦ If they can enroll at the same timing, different nurseries are acceptable. If they can enroll the same nursery, less priority nurseries are acceptable .   | Different facility/ Same time (Same facility)      |
| <input type="checkbox"/> ⑧ Request only the same facility even with different timing Prioritize the <b>oldest</b> child's enrollment. Other child/ren wait(s) until he/she enrolls.   |  |
| <input type="checkbox"/> ⑨ Request only the same facility even with different timing Prioritize the <b>youngest</b> child's enrollment. Other child/ren wait(s) until he/she enrolls.   |  |
| <input type="checkbox"/> ⑩ Other ( ) ※Submit the attached sheet.  |  |

※You cannot request a combination of 【Certified Nursery, Integrated Daycare Facilities of Kindergarten and Nursery, and Small-sized Childcare Facilities】 【Public Day Nursery Rooms and Home-visit Childcare Service】

**Regarding Small-sized childcare facility (Blea Day Nursery Uehara, Ciel Small Size Day Nursery Ebisu, Nukumorino-Nursery Jingu-en)**

◎Only those who wish to apply for small size childcare facility (Blea Day Nursery Uehara, Ciel Small Size Day Nursery Ebisu, Nukumorino-Nursery Jingu-en) are requested to fill in.

◎If you want to change the facility after your application is accepted, you should apply transfer procedure again.

◎As for the affiliated facilities, please apply more than one. Only acceptable capacity of your desired affiliated facility is subject to adjustment.

However, there is only one affiliated facility for Ciel Small Size Day Nursery Ebisu.

① Ciel Small Size Day Nursery Ebisu (Please ☑)

The affiliated facility is Poppins Nursery School Ebisu Minami (3-11-17 Ebisu Minami).

② Blea Day Nursery Uehara

A : Sakura Saku Mirai Uehara  
(3-37-9 Uehara)

B : Global Kids Yoyogiuehara En  
(3-15-10 Nishihara)

C : Global Kids Yoyogiuehachiman En  
(5-7-2 Yoyogi)

③ Nukumorino-Nursery Jingu-en

D : Shibuya Day Nursery  
(3-18-8 Jingumae)

E : Miki Day Nursery Kita-sando  
(3-21-5 Sendagaya)

| Name of the child/ren | Age | 1st choice   | 2nd choice   | 3rd choice   |
|-----------------------|-----|--|--|--|
|                       |     | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E<br><input type="checkbox"/> No preference | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E<br><input type="checkbox"/> No preference |
|                       |     | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E<br><input type="checkbox"/> No preference | <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E<br><input type="checkbox"/> No preference |