

Application for FY2025 'Certificate of Approved Classification for Education and Childcare' and Enrollment Facility-type Benefits / Community-type Childcare Benefits

Date (YYYY/MM/DD): _____

To the Mayor of Matsudo City

Please fill out BOTH SIDES

I hereby apply for nursery school benefits and nursery school enrollment for my child.

Address	Matsudo City,			
Address as of 1/1/2024	Father <input type="checkbox"/> Within Matsudo / <input type="checkbox"/> Other city ()	Address as of 1/1/2025	Father <input type="checkbox"/> Within Matsudo / <input type="checkbox"/> Other city ()	
	Mother <input type="checkbox"/> Within Matsudo / <input type="checkbox"/> Other city ()		Mother <input type="checkbox"/> Within Matsudo / <input type="checkbox"/> Other city ()	
Phone Number	(Home)	(Father)	(Mother)	
Names of parents/guardians	Name	Relation to child	Date of birth	(1st line) Occupation/School (2nd line) Individual "My Number"
			(YYYY/MM/DD)	
			(YYYY/MM/DD)	
Name of the child		Gender		Individual Number (My Number)
		M · F		(YYYY/MM/DD)
Applicant's need for childcare services (Check one)	<input type="checkbox"/> Yes Requesting childcare services at a nursery school due to parent/guardian employment or sickness, etc. (Also applicable if you are simultaneously applying for kindergartens, etc.) <input type="checkbox"/> No Planning to attend a kindergarten, etc. (Not applying for nursery school childcare services at this time)			

<Information regarding members of the household>

People who live the same household (that are not mentioned above)	Name	Relation to child	Date of birth	Occupation/School
			(YYYY/MM/DD)	
			(YYYY/MM/DD)	
			(YYYY/MM/DD)	
			(YYYY/MM/DD)	
			(YYYY/MM/DD)	

※ Please see page 22 through 27 of the "Guide", or scan the QR code on the bottom-right of this sheet in order to fill the facility name and number precisely.

<Desired childcare period and nursery school preferences>

Period that childcare services are needed	From (YYYY/MM/DD) to (YYYY/MM/DD)					
Names of the nursery schools you wish to apply to	Name	No.	Visit	Name	No.	Visit
	1st choice		Done / Not yet	5th choice		Done / Not yet
	2nd choice		Done / Not yet	6th choice		Done / Not yet
	3rd choice		Done / Not yet	7th choice		Done / Not yet
	4th choice		Done / Not yet	8th choice		Done / Not yet

※If you have more than 8 preferences, please write all additional details on a separate A4-size piece of paper

※If you are simultaneously applying for nursery schools in Matsudo and nursery schools in other cities, you will need to submit one application form for each municipality.

※We will continue to adjust admissions during the same fiscal year (until March 2026), even after your desired month of the start childcare. If you wish to continue applying for childcare admission in the following year, you will need to re-apply.

Application
facility
name &
No.
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<Form 1:様式1>

	※Check all applicable boxes	
	Father	Mother
Applicant's reason(s)	<input type="checkbox"/> Employment	<input type="checkbox"/> Employment
	<input type="checkbox"/> Job-seeking	<input type="checkbox"/> Job-seeking
	<input type="checkbox"/> Sickness, Disability	<input type="checkbox"/> Sickness, Disability
	<input type="checkbox"/> Providing nursing/long-term care for a family member	<input type="checkbox"/> Providing nursing/long-term care for a family member
	<input type="checkbox"/> Schooling (incl. job-training)	<input type="checkbox"/> Schooling (incl. job-training)
	<input type="checkbox"/> Recovering after a disaster	<input type="checkbox"/> Recovering after a disaster
	<input type="checkbox"/> Not living together	<input type="checkbox"/> Not living together
	<input type="checkbox"/> Other ()	<input type="checkbox"/> Other ()
	<input type="checkbox"/> Pregnancy or childbirth (Due date: / /)	
Days & Hours of request	Weekdays	Hours required
	M · T · W · Th · F	: ~ :
Saturday childcare	Yes · No	: ~ :

※Please note that nursery school hours are shorter on Saturdays.

※ I hereby acknowledge that the City may access my personal details (such as my 'Citizen's Tax Record', status re. the 'Receipt of Public Assistance/Child-rearing Allowance', and 'Disability Certificate' status, etc.) for the purpose of coordinating my use of childcare services and settling any late payments of childcare fees, etc. using my Individual "My Number".

I also agree to share necessary information (such as the amount and breakdown of any late payment, place of work, income, bank account, etc.) with the relevant department in order to recover any outstanding or unpaid childcare fees, etc.

Guardians' signatures (in print) ※Required		
Year	/ Month	/ Day
Father: _____		Mother: _____

Please check below for the necessary documents before submitting application

[Checklist for the Guardian]

Please check in the box

Necessary application documentation	✓
① Identification documents (i.e. My Number Card, etc.) ※Please refer to page 6 of "FY2025 Guide to Nursery School Admissions" 1. Documents to prove My Number 2. Documents to prove identity	<input type="checkbox"/>
② Application for 'Certificate of Approved Classification for Education and Childcare' and Enrollment Facility-type Benefit / Community-type Childcare Benefit (This form <FORM1>) ※One form is required for each child applying	<input type="checkbox"/>
③ Family Background Report <FORM2> ※One form is required for each child applying	<input type="checkbox"/>
④ Child's Health Report <FORM3> ※One form is required for each child applying	<input type="checkbox"/>
⑤ Terms of Agreement for Admission to Nursery Schools, Small-scale Childcare Services, and Centers for Early Childhood Education and Care <FORM4>	<input type="checkbox"/>
⑥ Agreement Regarding Admission to Nursery Schools, etc. <FORM5>	<input type="checkbox"/>

⑦ Documentation proving the need for childcare assistance (Required for all adults 18-65 years who reside in the same household) ※Please refer to page 3 of "FY2025 Guide to Nursery School Admissions"	<input type="checkbox"/>
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Documentation required dependent upon personal circumstances	<input checked="" type="checkbox"/>
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Please refer to page 4 through 5 of "FY2025 Guide to Nursery School Admissions"	<input type="checkbox"/>
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Application for FY2025 'Certificate of Approved Classification for Education and Childcare' and Enrollment Facility-type Benefits / Community-type Childcare Benefits

Date (YYYY/MM/DD): **2024/11/01**

To the Mayor of Matsudo City

Please fill out BOTH SIDES

I hereby apply for nursery school benefits and nursery school enrollment for my child.

Address	Matsudo City, Nemoto 387-5				
Address as of 1/1/2024	Father	<input type="checkbox"/> Within Matsudo / <input checked="" type="checkbox"/> Other city (○○ city)	Address as of 1/1/2025	Father	<input checked="" type="checkbox"/> Within Matsudo / <input type="checkbox"/> Other city ()
	Mother	<input type="checkbox"/> Within Matsudo / <input checked="" type="checkbox"/> Other city (○○ city)		Mother	<input checked="" type="checkbox"/> Within Matsudo / <input type="checkbox"/> Other city ()
Phone Number	(Home) 047-123-4567	(Father) 090-1234-5678	(Mother) 090-1234-5678		
Names of parents/guardians	Name	Relation to child	Date of birth	(1st line) Occupation/School	
	Taro Matsudo	Father	1986/01/01 (YYYY/MM/DD)	Office Worker	
	Hanae Matsudo	Mother	1987/02/01 (YYYY/MM/DD)	Office Worker	
Name of the child	Hanako Matsudo	Gender	2020/04/02 (YYYY/MM/DD)	Individual Number (My Number)	
		M · <input checked="" type="radio"/>		9 8 7 6 5 4 3 1 0 8 7 6	
Applicant's need for childcare services (Check one)	<input checked="" type="checkbox"/> Yes	Requesting childcare services at a nursery school due to parent/guardian employment or sickness, etc. (Also applicable if you are simultaneously applying for kindergartens, etc.)			
	<input type="checkbox"/> No	Planning to attend a kindergarten, etc. (Not applying for nursery school childcare services at this time)			

<Information regarding members of the household>

People who live in the same household (that are not mentioned above)	Name	Relation to child	Date of birth	Occupation/School
	Jiro Matsudo	Brother	2015/05/01 (YYYY/MM/DD)	Matsudo Elementary School 4th Grade
	Matsuko Nemoto	Grand Mother	1956/03/01 (YYYY/MM/DD)	Unemployed
			(YYYY/MM/DD)	
			(YYYY/MM/DD)	

※ Please see page 22 through 27 of the "Guide", or scan the QR code on the bottom-right of this sheet in order to fill the facility name and number precisely.

<Desired childcare period and nursery school preferences>

Period that childcare services are needed	From (YYYY/MM/DD) 2025/4/1 to (YYYY/MM/DD)					
Names of the nursery schools you wish to apply to	Name	No.	Visit	Name	No.	Visit
	1st choice Kitamatsudo Hoikusho	1	<input checked="" type="radio"/> Done / <input type="radio"/> Not yet	5th choice ○○ Hoikushitsu	<input type="checkbox"/>	<input checked="" type="radio"/> Done / <input type="radio"/> Not yet
	2nd choice Koganehara Hoikusho	4	<input checked="" type="radio"/> Done / <input type="radio"/> Not yet	6th choice ○○ Hoikuen	<input checked="" type="radio"/>	<input checked="" type="radio"/> Done / <input type="radio"/> Not yet
	3rd choice ○○ Hoikuen	△△	<input checked="" type="radio"/> Done / <input type="radio"/> Not yet	7th choice ○○ Room	<input checked="" type="radio"/>	<input checked="" type="radio"/> Done / <input type="radio"/> Not yet
4th choice ○○ Hoiku Room	☆☆	<input checked="" type="radio"/> Done / <input type="radio"/> Not yet	8th choice ○○ Hoikuen	<input checked="" type="radio"/>	<input checked="" type="radio"/> Done / <input type="radio"/> Not yet	

※If you have more than 8 preferences, please write all additional details on a separate A4-size piece of paper .

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www.city.matsudo.chiba.jp
 facility name & No.
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<Form 1:様式1>

	※Check all applicable boxes	
	Father	Mother
Applicant's reason(s)	<input checked="" type="checkbox"/> Employment <input type="checkbox"/> Job-seeking <input type="checkbox"/> Sickness, Disability <input type="checkbox"/> Providing nursing/long-term care for a family member <input type="checkbox"/> Schooling (incl. job-training) <input type="checkbox"/> Recovering after a disaster <input type="checkbox"/> Not living together <input type="checkbox"/> Other ()	<input checked="" type="checkbox"/> Employment <input type="checkbox"/> Job-seeking <input type="checkbox"/> Sickness, Disability <input type="checkbox"/> Providing nursing/long-term care for a family member <input type="checkbox"/> Pregnancy or childbirth (Due date: / /) <input type="checkbox"/> Schooling (incl. job-training) <input type="checkbox"/> Recovering after a disaster <input type="checkbox"/> Not living together <input type="checkbox"/> Other ()
Days & Hours of request	Weekdays	Hours required
	(M) · (T) · (W) · (Th) · (F)	9 : 00 ~ 18 : 00
Saturday childcare	Yes · (No)	: ~ :

※Please note that nursery school hours are shorter on Saturdays.

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I also agree to share necessary information (such as the amount and breakdown of any late payment, place of work, income, bank account, etc.) with the relevant department in order to recover any outstanding or unpaid childcare fees, etc.

Guardians' signatures (in print) ※Required	
Year 2024 / Month 11 / Day 1	
Father: Taro Matsudo	Mother: Hanae Matsudo

Please check below for the necessary documents before submitting application

[Checklist for the Guardian]

Please check in the box

Necessary application documentation	✓
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⑦ Documentation proving the need for childcare assistance (Required for all adults 18-65 years who reside in the same household) ※Please refer to page 3 of "FY2025 Guide to Nursery School Admissions"	<input checked="" type="checkbox"/>
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Documentation required dependent upon personal circumstances	<input checked="" type="checkbox"/>
Please refer to page 4 through 5 of "FY2025 Guide to Nursery School Admissions"	<input checked="" type="checkbox"/>