

Childcare Benefit Approval Form (Types 2&3) **Fiscal Year 2026**

Application for Approval of Education & Childcare Benefits/ Application for Use (or Continued Use) of a Childcare Facility

To the Mayor of Tokushima City

Please write the name of a parent/guardian living in Tokushima City.

List phone numbers that can be reached during the day in order of preference from ①.

Example (For new applications)

Applicant Child: Hanako Tokushima, F, Date of Birth: 2020/4/3, Age: 4 years

Parent/Guardian: Taro Tokushima, Phone Number: ① 090-2222-3333, ② 090-3333-4444, ③ 090-4444-5555

Address: 8053 Kinohama-Higashi, Tokushima City

Application Status: Yes (I also applied to a kindergarten/other facility)

Status of Applicant Child: Allergies? No, Disabilities or illnesses? No

Status of Household: Single Parent Household? No, Are household members w/ disability certificate receiving pension? No, Are you receiving public assistance? No

① Household Status

※ Excluding the applicant child, list all of the people that live with you (including those who are not part of your family unit), as well as the parents and siblings of the applicant child, even if they do not live at the same residence.

(Furigana) Name	Relation to Child	Date of Birth	Age	(Planned) employment location of the parents, facilities utilized (applied) for the child etc.	Remarks (City Use) 徳島市チェック欄 (申請者は記入不要)
Taro Tokushima	Father	1983/01/03	42	●● Company	Working away (青明け・短縮予定 (～年月日))
Hanako Tokushima	Mother	1984/01/04	41	●● Hospital	就労内定
Ichiro Tokushima	Brother	2019/04/03	5	●● Nursery	保育士等
Fuyumi Awa	Grandmother	1961/01/06			

Please indicate whether the individual is working away from home, living in a separate residence, or if there are other notable

② Preferred Usage Period & Facilities

Preferred Usage Period: From 2026 / 04 / 01

Preferred Facilities: Choice 1: ●● Nursery School, Choice 2: △△ Childcare Center, Choice 3: ■■ Daycare, Choice 4: ●● Nursery School

Childcare hours differ depending on the facility.

If there are several potential facilities available to you, please write at least 3. If you request 3 or more facilities, you will have a higher chance of being granted enrollment.

※ Please note that if you voluntarily withdraw enrollment after it has been granted, your chances of being granted enrollment in the future will be decreased.

③ Preferred Hours

Preferred category: Standard childcare Hours (upto 11 hours)

Weekday Hours: From 8:00 to 17:00

Wish to have childcare on Saturdays: Yes

Saturday Hours: From 8:00 to

Handling of the application

In case it is unavailable from the desired month: I will wait until it is available (assign for the following month or later)

Request for application adjustment: If admission is confirmed, I will return to work from parental leave by the 15th of the month following the admission month

NOTE: 1. Depending on the screening, the priority index may reduce. 2. The application results would be decided based on the availability at the facility etc.

④ Reasons Childcare is Necessary (Please check the boxes that apply.)

Class No.	Types	Father	Mother	Specific Circumstances						
01-09	Employment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Works 20 or more days per month: Works 160 or more hours per month						
10-12				Works 140-159 hours per month						
13-15				Works 120-139 hours per month						
16-18				Works 100-119 hours per month						
19-21				Works 64-99 hours per month						
22-24				Works 160 or more hours per month						
25-27				Works 140-159 hours per month						
28-30				Works 120-139 hours per month						
31-35				Pregnancy/Childbirth	<input type="checkbox"/>	<input type="checkbox"/>	If you are...			
36-40	Illness/Disability of Guardian	<input type="checkbox"/>	<input type="checkbox"/>				At-home treatment: Confined to bed, infectious disease, etc.			
41-43							Other illnesses affecting livelihood for which nursing care is necessary			
44-46							Standard recovery (movement/going out restricted but can take care of yourself)			
47-49							Disability: Nursing care required (grade 1-2 physical, grade 1 psychiatric, type A intellectual, or nursing care level 3-5)			
50-52	Caring for a Family Member	<input type="checkbox"/>	<input type="checkbox"/>	Providing care for 160 or more hours per month						
53-55				Providing care for 140-159 hours per month						
56-58				Providing care for 120-139 hours per month						
59-61	Disaster Restoration	<input type="checkbox"/>	<input type="checkbox"/>	Cannot provide childcare as you are restoring your home due to a natural disaster						
62-64				Job Searching	<input type="checkbox"/>	<input type="checkbox"/>	Must leave home often due to job searching or preparing for self-employment			
65-67							Education/Training	<input type="checkbox"/>	<input type="checkbox"/>	Currently attending occupational training school, technical school, university, etc.
68-70										At-home education (online, etc.)
71-73	Abuse/Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>	If you are experiencing or are in danger of experiencing abuse or domestic violence						
74-76				Continuous enrollment during childcare leave	<input type="checkbox"/>	<input type="checkbox"/>	If the parent has taken childcare leave for less than 1 year and the child has been attending a licensed childcare facility (excluding the employee quota for onsite childcare services) ※Only applied to graduates, etc. from small-scale childcare facilities, etc.			
77-79	Other	<input type="checkbox"/>	<input type="checkbox"/>				Parents are not present (deceased, missing, in custody, etc.)			
80-82				Other reasons deeming the need for childcare services to be particularly high						

Please be sure to indicate the number of days and hours you work as shown on the employment certificate provided by your employer.

※ Please fill out the "Child Status Report" and submit it along with this form.

(City Use) 以下は、徳島市記入欄のため、記入しないでください

< IMPORTANT >

- If there are several potential facilities available to you, please write at least 3. If you request 3 or more facilities, you will have a higher chance of being granted enrollment. ※ If you voluntarily withdraw enrollment after it has been granted, your chances of being granted enrollment in the future will be decreased.
- Please use a black ballpoint pen to fill out this form. (Do not use erasable ballpoint pens or correction pens/tape. In case you have used it, please re-submit the form.) Be sure to fill out a separate application form for each child.
- You cannot apply for the kindergarten portion of a municipal certified childcare center (Type 1) at the same time as applying for the nursery school portion of the same facility or another licensed childcare facility (Type 2).
- In the "① Household Status" section, please indicate all relatives between the ages of 20-64 who live with the applicant child (including relatives who are not part of your official family unit). Furthermore, please indicate all parents and siblings of the applicant child regardless of whether or not they live with the child.
- If you submit this form during the first application period for April enrollment (October 20-November 6, 2025), please submit it to either your top preferred facility or the Childcare Division (reservation required). (If you will submit the form during the second application period for April enrollment (November 7, 2025 ~), please submit it to the Childcare Division (no reservation required).)
- About the Handling of Confidential Information: The information on this form and any attached documents will not be used for any purposes other than administrative work concerning nursery schools or other childcare facilities, including procedures related to the approval of education & childcare benefits, assignment/enrollment to nursery schools or other facilities, childcare fee estimates, and the delivery of related notices.