

Kindergarten Application Form			
Child	Name		
	Date of Birth		Sex
	Current Residence	, Bunkyo-ku	
Parent/Guardian 1	Name Tel. No.		
Parent/Guardian 2	Name Tel. No.		
Remarks			

To the Bunkyo Board of Education

I hereby apply for the admission of my child to Bunkyo City's \_\_\_\_\_ Kindergarten as stated above. After my child enters the above-stated kindergarten, I will abide by the Bunkyo Kindergarten Use Ordinance, the Bunkyo Kindergarten Use Ordinance Enforcement Regulations, and other instructions.

Date: \_\_\_\_\_, 20\_\_

Address:

Applying Parent/Guardian:

Name:

(Affixed with signature or personal seal)

# Notification of Current Circumstances

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**\*Submit this notification if you are applying by post or in person.**  
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Submit the Notification of Current Circumstances (this form) and  
the Kindergarten Application Form to the Infant Division.

Name of parent/guardian : ( )

Telephone No. : ( )

(Provide a number you can be reached at during daytime hours.)

● **Please read the following items and check the boxes that apply.**

(1) Does your child have a sibling currently enrolled in the 3-year-old class (first-year class) or 4-year-old class (second-year class) at the kindergarten of your choice? ☐ Yes ☐ No

(2) Are you applying for multiple children (e.g., twins) at the ☐ Yes (No. of children: ) ☐ No

\*If you are applying for multiple children, submit only one Notification of Current Circumstances. However, submit one Kindergarten Application Form for each child for whom you are applying.

(3) Do you have any concerns about your child's health or development as he/she enters kindergarten? ☐ Yes ☐ No

If you checked "Yes," describe in detail.

( )

● **If you are applying from outside of Japan, enter your e-mail address below.**

(Bunkyo City will use the e-mail address you provide to contact you if you have missing documents, etc.)

E-mail address:

\*See "Application Guidelines for Enrollment in Bunkyo City Kindergartens (Three-, Four-, and Five-Year-Olds)" for details.

Direct inquiries to: Child Daycare Center Admission Advisory Section, Infant Division,  
Families with Children Department, Bunkyo City  
Tel.: 5803-1190

Application for Authorization to Receive Education/Childcare Benefits  
(Public Institutional and Regional Childcare Facility Benefits) (Change or Reissue)

To the Mayor of Bunkyo City																		
I hereby apply for authorization to receive education/childcare benefits pertaining to public institutional benefits, regional childcare facility benefits, etc., as follows. I agree that the Mayor of Bunkyo City may check my personal information (and the personal information of members of my same household) as necessary to authorize education/childcare benefits and determine the amount of the user's share of expenses, and may provide the amount of the user's share of expenses that was determined based on said information to the specified educational facility/childcare facility, etc.																		
Current residence	〒 —			Telephone No. (home)		Date of application	_____, 20__											
	Name (Affixed with Signature or Personal Seal)	Date of Birth	Relationship to Child	Telephone No. (mobile)		Individual Number ("My Number")												
Parent/ Guardian 1*	Furigana																	
Parent/ Guardian 2	Furigana																	

\*The mailing address for notices and other correspondence will be the one provided for Parent/Guardian 1.

Household to which the Child Belongs																		
*Provide information for all persons living in the same household (including the child/children who is/are the subject of this application), excluding the parents/guardians.																		
Check to indicate child of application	Name	Date of Birth	Relationship to Child	Age	Sex	Individual Number ("My Number")												
<input type="checkbox"/>	Furigana																	
<input type="checkbox"/>	Furigana																	
<input type="checkbox"/>	Furigana																	
<input type="checkbox"/>	Furigana																	
<input type="checkbox"/>	Furigana																	

保育の希望の有無		<input type="checkbox"/> 有 保護者の労働、疾病等の理由により、保育所等において保育の利用を希望する場合(幼稚園等と併願の場合を含む。)												
		<input checked="" type="checkbox"/> 無 幼稚園等の利用を希望する場合(保育所と併願の場合を除く。)												
希望保育時間		<input type="checkbox"/> 保育短時間 (9:00～17:00の間で保育の必要な時間)												
		<input type="checkbox"/> 保育標準時間 (7:15～18:15の間で保育の必要な時間 ※ 延長保育利用の場合は～19:15)												
保育の利用を必要とする理由		保護者① 1 就労 2 就学 3 求職中 4 疾病・障害 5 看護・介護 6 妊娠・出産 7 その他 ( )												
		保護者② 1 就労 2 就学 3 求職中 4 疾病・障害 5 看護・介護 6 妊娠・出産 7 その他 ( )												
変更の場合	変更事由	<input type="checkbox"/> 保育短時間 → 保育標準時間へ変更 <input type="checkbox"/> 保育標準時間 → 保育短時間へ変更										支給認定証番号		
		<input type="checkbox"/> その他 ( )												
	変更理由													

区記入欄		窓口 (父・母・ ) 受付( )／郵送／夜間P										収受印	
												NO.	