|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| （あて先）かすみがうら市長 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 令和　　　年　　 月　　 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 保護者氏名 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 次のとおり、施設型給付費・地域型保育給付費に係る支給認定および特定教育・保育施設等の利用を申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請児童 | | ふりがな | | |  | | | | | | | | | | | | | | | | | | 個人番号 | | | | | | | | | | | | | | |  | |  | | |  | | | |  | | - | |  | |  |  |  | - | |  | |  | |  |  | 性別 | | |
| 氏名 | | |  | | | | | | | | | | | | | | | | | | 生年月日 | | | | | | | | | | | | | | | 年 　　月 　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | 男 ・ 女 | | |
| 障害者手帳等について | | | | | | | | | 無・有（ 通所受給者証 ・ 身体障害者手帳 ・ 療育手帳 ・ 精神障害者保健福祉手帳 ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| アレルギーや特記事項 | | | | | | | | | 無・有（ ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 保護者の  住所・連絡先 | | | | | 〒　　　　- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| かすみがうら市 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □父携帯　□母携帯　□自宅 | | | | | | | | | | |  | | | | | | | | | | | ― | | | | | |  | | | | | | | | | | | | | ― | | | |  | | | | | | |  | | | | 日中連絡が取れる  電話番号に、〇を  つけてください。 | | | | | |
| □その他（　　　　　　　　） | | | | | | | | | | |
| □父携帯　□母携帯　□自宅 | | | | | | | | | | |  | | | | | | | | | | | ― | | | | | |  | | | | | | | | | | | | | ― | | | |  | | | | | | |  | | | |
| □その他（　　　　　　　　） | | | | | | | | | | |
| 利用の希望 | | | | | □幼稚園等を希望（１号） | | | | | | | | | | | | | | | | | | | | 幼稚園、認定こども園（教育部分）の利用を希望する場合 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □保育所等を希望（２・３号） | | | | | | | | | | | | | | | | | | | | 就労等の理由により、保育所（園）、認定こども園（保育部分）、 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 地域型保育事業所において、保育の利用を希望する場合 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 保護者の状況  （※１） | | | | | 続柄 | | 保育を必要とする理由 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | □就労　□妊娠・出産　□疾病・障害　□介護等　□就学　□求職活動 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □その他（ ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | □就労　□妊娠・出産　□疾病・障害　□介護等　□就学　□求職活動 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □その他（ ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （※１）「幼稚園等」を希望する場合は記入不要です。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ◎世帯の状況　＊ⅰ世帯員には単身赴任等で別世帯の保護者を含み、祖父母を除いた全員を記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請児童以外の世帯員  ＊ⅰ | | ふりがな | | | | | | | | | | | | 個人番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 児童と  の続柄 | | | | | | 職業又は  学校名など | | | | | | | | | | 備考 | | |
| 氏名 | | | | | | | | | | | | 生年月日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  |  | |  | |  | | - |  | | | |  | |  | | |  | | | - | |  | | |  | |  | | |  | | | |  | | | | | |  | | | | | | | | | |  | | |
|  | | | | | | | | | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  |  | |  | |  | | - |  | | | |  | |  | | |  | | | - | |  | | |  | |  | | |  | | | |  | | | | | |  | | | | | | | | | |  | | |
|  | | | | | | | | | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  |  | |  | |  | | - |  | | | |  | |  | | |  | | | - | |  | | |  | |  | | |  | | | |  | | | | | |  | | | | | | | | | |  | | |
|  | | | | | | | | | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  |  | |  | |  | | - |  | | | |  | |  | | |  | | | - | |  | | |  | |  | | |  | | | |  | | | | | |  | | | | | | | | | |  | | |
|  | | | | | | | | | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  |  | |  | |  | | - |  | | | |  | |  | | |  | | | - | |  | | |  | |  | | |  | | | |  | | | | | |  | | | | | | | | | |  | | |
|  | | | | | | | | | | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ひとり親世帯について | | | | | | | | ひとり親世帯に該当（ しない ・ する ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 生活保護について | | | | | | | | 生活保護を受給して（ いない ・ いる［保護開始日：　　　　　年　　月　　日］） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 障害者手帳等について | | | | | | | | 保護者や同居する親族に、障害者手帳等をお持ちの方が（ いない ・ いる ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 母について（※２） | | | | | | | | 申請日時点で妊娠して（ いない ・ いる［出産予定日：　　　　　年　　月　　日］） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 昨年1月1日現在の住所 | | | | | | | | 父：かすみがうら市・他（　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 母：かすみがうら市・他（　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本年1月1日現在の住所 | | | | | | | | 父：かすみがうら市・他（　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 母：かすみがうら市・他（　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （※２）「幼稚園等」を希望する場合は記入不要です。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ◎祖父母について＊ⅱ　＊ⅱ離別・死別等の場合は☑を付け、氏名等は記入不要です。別居の場合は住所を必ず記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 続柄 | | 氏名 | | | | | | | | | | | 生年月日 | | | | | | | | | | | | | | | | 現在の状況 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 父方 | 祖父 |  | | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | 同居→□就労　□無職　□その他（ 　　 ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □離別・死別等 | | | | | | | | | | | 別居： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 祖母 |  | | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | 同居→□就労　□無職　□その他（ 　　 ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □離別・死別等 | | | | | | | | | | | 別居：□同上 / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 母方 | 祖父 |  | | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | 同居→□就労　□無職　□その他（ 　　 ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □離別・死別等 | | | | | | | | | | | 別居： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 祖母 |  | | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | 同居→□就労　□無職　□その他（ 　　 ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □離別・死別等 | | | | | | | | | | | 別居：□同上 / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 利用希望期間 | | | | 令和　　 年　　 月 １ 日 から | | | | | | | | | | | | | | | | | | | | | | | | | | | | □小学校就学前まで | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □令和　　 年　　 月 末 日まで | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 利用希望時間  ・曜日（※３） | | | | 利用希望時間 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 利用希望曜日 | | | | | | | | | | | | | | | | | | | | | | | | |
| 時　　　分　から | | | | | | | | | | | | | | 時　　分　まで | | | | | | | | | | | | | | | | | | | | | | | | 月・火・水・木・金・土・日 | | | | | | | | | | | | | | | | | | | | | | | | |
| 希望施設等 | | | | 希望施設（事業者）名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 希望理由 | | | | | | | | | | | | | | | | | | | | | | | | |
| 第１希望 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 第２希望 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 第３希望 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 保育必要量の  希望（※４） | | | | □保育標準時間（11時間） | | | | | | | | | | | | | | | | 保護者共に月120時間以上の就労、妊娠・出産、疾病・障害等の場合 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □保育短時間（８時間） | | | | | | | | | | | | | | | | 保護者のどちらかが月120時間未満の就労、求職活動等の場合 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ＊就労時間数が月120時間未満で、始業時間が早い・終業時間が遅い等により、保育標準時間認定を | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 希望する場合は、下記にその理由を記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| きょうだいで  ２人以上同時  に申込の場合  （※５） | | | | □同時期に同施設のみ入所希望 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ※希望順位が下位の施設に内定する場合があります。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※同時入所できない場合、全員保留となります。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □同時期に入所できれば別の施設でも可 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ※同時期に入所できない場合、全員保留となります。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| →□同施設を優先 | | | | | | | | | | | | ※希望順位が下位の施設や、別々の施設に内定する場合があります。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □希望順位を優先 | | | | | | | | | | | | ※内定順が希望順位のとおりとなり、別々の施設に内定する場合があります。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □いずれかの児童だけでも優先的に入所希望 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ※保留となった児童の保育方法がない場合、選択不可。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| →保留となった児童の保育方法：□親族等に預ける □認可外保育施設に入所 □職場に同伴 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （※３、４、５）「幼稚園等」を希望する場合は記入不要です。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 【添付書類】保育認定のために必要な書類 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※「幼稚園等」を希望する場合は添付不要です。必要書類の詳細は「保育施設利用のご案内」をご確認ください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 税情報等の提供に当たっての署名欄 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 市が施設型給付・地域型保育給付の支給認定に必要な市町村民税の情報及び世帯情報（児童と同一世帯者や子どもを養育している別世帯の者を含む）を閲覧すること、その閲覧のために個人番号（マイナンバー）を利用すること。また、その情報に基づき決定した利用者負担額等について、特定教育・保育施設や特定地域型保育事業者に対して提示することに同意します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 保護者氏名 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ＊施設記載欄（施設を経由して市へ提出する場合） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 受付年月日 | | | | | | | 令和　　　年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施設名や担当者名、  および連絡先 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 備考 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ＊市記載欄 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※要確認事項※ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □見学の有無 | | | □兄姉の認定区分 | | | | | | | | | □同居祖父母(65歳未満)の就労証明書等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | □障害者手帳等の写し | | | | | | | | | | | | | | □在留カードの写し | | | | | | | |
| □就労の要件の場合  育休中…職場復帰の時期について  育休でない…現在の保育状況 | | | | | | | | | | | | □転入予定の場合　・(非)課税証明書  ・転入予定での申込確認シート  ・転入先住所がわかる書類(賃貸借契約書等) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | □(非)課税証明書 | | | | | | | | | | | | | | □広域入所確認シート | | | | | | | |
| □妊娠中の場合　・要件および期間について  ・保護者氏名および予定日のわかる書類 | | | | | | | | | | | | | | | | | | | | | |
| 認定区分 | | | | | | | | | 入所施設（事業者）名 | | | | | | | | | | | | | | | 備考 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □１号　□２号　□３号 | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （□標準　□短） | | | | | | | | |