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| （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 | | |
| 保護者の  住所・連絡先 | | | | | | 〒　　　　- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| かすみがうら市 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □父携帯　□母携帯 | | | | | | | | －　　　　　－ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | 日中連絡が取れる  電話番号に、〇を  つけてください。 | | | | | |
| □自宅　　□他（　　　　　　） | | | | | | | |
| □父携帯　□母携帯 | | | | | | | | －　　　　　－ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| □自宅　　□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。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ◎申請児童の情報・世帯の状況 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 障害者手帳等の有無 | | | | | | | | | 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（ ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ひとり親世帯等の有無 | | | | | | | | | 非該当・該当（□ひとり親世帯　□在宅障害児(者)のいる世帯） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 生活保護の適用の有無 | | | | | | | | | 非該当・該当（平成・令和　　　年　　　月　　　日保護開始） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請児童以外の世帯の状況（祖父母を除く） | | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 昨年の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（　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | |
| 今年の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（　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | |
| ◎祖父母について　※離別・死別等に当てはまる場合、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（※２） | | | | | 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（※３） | | | | | □保育標準時間（11時間） | | | | | | | | | | | | | | | | | | ※両親共に月120時間以上の就労、妊娠・出産、疾病・障害等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □保育短時間（８時間） | | | | | | | | | | | | | | | | | | ※両親のどちらかが月120時間未満の就労、求職活動等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ＊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。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 兄弟同時に  申込の場合  （※４） | | | | | □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。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※同時に入所できない場合、全員保留となります。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □同時期に入所できれば別施設でも可 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| → □同施設を優先する　□希望順位を優先する | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □当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：□親族や知人に預ける □認可外施設へ入所 □職場へ同伴させる | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （※２、３、４）「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。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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・保育施設に対して提示することに同意します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | 保護者氏名 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |
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| ＊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 | | | | | | | | 平成・令和　　　年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 施設名や担当者名、  および連絡先 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 備考 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ＊市記載欄 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※受付時確認事項※ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □見学の有無 | | | | □同居祖父母（65歳未満）の勤務証明書等 | | | | | | | | | | | | | | | □兄姉の認定区分 | | | | | | | | | | | | | | | | | | | | | | | □在留カードの写し | | | | | | | | | | | | | | □(非)課税証明書 | | | | | | | |
| 就労の要件 | | | | □育休中：職場復帰の時期 | | | | | | | | | | | | | | | □通所受給者証・  　障害者手帳などの写し | | | | | | | | | | | | | | | | | | | | | | | □広域入所確認シート | | | | | | | | | | | | | | □育休延長希望 | | | | | | | |
| □育休でない：現在の保育状況 | | | | | | | | | | | | | | |
| 認定区分 | | | | | | | | 入所施設（事業者）名 | | | | | | | | | | | 備考 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □１号　□２号　□３号 | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （□標準　□短） | | | | | | | |