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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 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
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| 【申請にあたって同意していただく事項】 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| １． | 子ども・子育て支援法第３０条の３において準用する同法第１６条の規定に基づき、施設等利用給付認定の審査及び申請者や同居親 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 族の市町村民税課税状況の確認に当たって、官公署に対し必要な文書の閲覧又は資料の提供を求めることがあります。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２． | 申請書等に記載した内容は、施設等利用給付認定や施設等利用費の支給に関する情報として必要と認められる場合に、施設・事業者 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | に提供することがあります。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ３． | 子ども・子育て支援法第３０条の１１第３項の規定に基づき、施設等利用費は、認定を受けた保護者に代わり、特定子ども・子育て | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 支援提供者に支給される場合があります。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ４． | 新年度４月利用開始の場合は、認定事務が集中し審査等に日時を要するため、申請日に関わらず、子ども・子育て支援法第３０条の | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | ５第５項の規定に基づき、最長で利用開始の前日まで審査結果のお知らせを延期する場合があります。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ５． | 申請内容が事実と相違した場合は、施設等利用給付認定を取り消すことがあります。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ６． | 認定希望日現在で、子ども・子育て支援法第７条第１０項第４号ハの政令で定める施設（企業主導型保育事業）の利用がある場合は、 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 本認定の申請はできません。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 以上のことに同意し、保護者の就労、疾病その他の理由により、幼稚園・認定こども園・特別支援学校(預かり保育事業も利用する(※1))、認可外保育施設、一時預かり事業、病児保育事業、子育て援助活動支援事業の施設等利用給付認定を希望するので、子ども・子育て支援法第３０条の５第1項の規定に基づき、次のとおり施設等利用給付に係る認定を申請します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※１ | 預かり保育事業とは、当該幼稚園等が実施する預かり保育事業が、①平日、教育時間を含み提供時間数が８時間未満または②年間開 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 所日数200日未満のいずれかの要件に該当する場合に利用可能な認可外保育施設を含みます。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請  子ども | | 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　　□その他（　　　　　） | | | | | | |
| □父携帯　□母携帯 | | | | | | |  | | | | | | | | ― | |  | | | | | | | | | | | | | ― | |  | | | | | | | | | |  | | | |
| □自宅　　□その他（　　　　　） | | | | | | |
| 認定  種別 | | □申請子どもは、認定希望日時点で満３歳に達する日以後の最初の３月３１日を経過している(第２号) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □申請子どもは、認定希望日時点で満３歳に達する日以後の最初の３月３１日までの間にある(第３号) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 保護者  の状況 | | 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（ 　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ひとり親世帯等の有無 | | | | 非該当・該当（□ひとり親世帯　□在宅障害者(児)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） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申請子ども以外の世帯の状況  （単身赴任等で別居の父母を含む） | | ふりがな | | | | 個人番号 | | | | | | | | | | | | | | | | | | | | | | | | | 申請子ども  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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|  | | | | 年 | | | | | | | | | 月 | | | | | | | | 日 | | | | | | | |
| 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（　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | |
| ◎幼稚園・認定こども園・特別支援学校幼稚部を利用する(予定含む)方は記入して下さい。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 利用開始予定日 | | | 令和　　　年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 利用施設名 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | TEL：　　　-　　　　- | | | | | | | | | | | | | | | | |
| 施設所在地 | | | 〒　　　- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ◎認可外保育施設、一時預かり事業、病児保育事業、子育て援助活動支援事業を利用する(予定含む)  方は記入して下さい。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 利用施設名 | | | | | 利用する  サービスの種類 | | | | | | | | | | | | 施設所在地 | | | | | | | | | | | | | | | | | | | | | | | | | | | 利用開始予定日 | | | | | | | | |
|  | | | | | 認可外・子育て援助活動 | | | | | | | | | | | | 〒　　　- | | | | | | | | | | | | | | | | | | | | | | | | | | | 令和　　年　　月　　日 | | | | | | | | |
| TEL： | | | | | 一時預かり・病児保育 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 認可外・子育て援助活動 | | | | | | | | | | | | 〒　　　- | | | | | | | | | | | | | | | | | | | | | | | | | | | 令和　　年　　月　　日 | | | | | | | | |
| TEL： | | | | | 一時預かり・病児保育 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 認可外・子育て援助活動 | | | | | | | | | | | | 〒　　　- | | | | | | | | | | | | | | | | | | | | | | | | | | | 令和　　年　　月　　日 | | | | | | | | |
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| ※施設所在地及び電話番号は、利用施設がかすみがうら市外にある場合、記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |