

* Please describe those who live separately, e.g., living away from their families for work.

For administrative purpose		
<input type="checkbox"/> 1. New application	<input type="checkbox"/> 2. Reapplication	
<input type="checkbox"/> ① Extended childcare Continuation of commute from oter municipality	<input type="checkbox"/> ② Transfer	
<input type="checkbox"/> ③	<input type="checkbox"/> ④ Out-of-City consultation	
Previous application status:	<input type="checkbox"/> Rejection	<input type="checkbox"/> Withdrawal

		Kana reading	Relationship to the applicant child	Check the preferred parent/guardian as a contact.	Personal number (Mynumber)		
		Name of the parent/guardian		↓ Telephone number where contact can be made during the day (within Japan)			
Applicant (Guardian)	Parent/guardian ①			<input type="checkbox"/> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>		Not confirmed	
	Place of residence registration	January 1 of last year	<input type="checkbox"/> Setagaya City	<input type="checkbox"/> Other municipalities ()	January 1 of this year	<input type="checkbox"/> City of Setagaya	<input type="checkbox"/> Other municipalities ()
	Parent/guardian ②				<input type="checkbox"/> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>		Not confirmed
	Place of residence registration	January 1 of last year	<input type="checkbox"/> Setagaya City	<input type="checkbox"/> Other municipalities ()	January 1 of this year	<input type="checkbox"/> City of Setagaya	<input type="checkbox"/> Other municipalities ()
Present address	City of Setagaya			Building name, room number, etc.			
	District		Street Number		Block Number		

		Kana reading Name				Relationship to the applicant child				Date of birth (age)					
Family situation Please check all the numbers of children to be enrolled or transferred	1 <input checked="" type="checkbox"/>					Applicant child				YYYY-MM-DD (years)					
						School (or nursery school) name, etc.									
		Personal number (Mynumber)								Not confirmed	For administrative purposes			Present	Age C → April
	2 <input type="checkbox"/>					Relationship			Habitation	<input type="checkbox"/> Together	<input type="checkbox"/> Separate	YYYY-MM-DD (years)			
						Occupation/School (or nursery school) name, etc.									
		Personal number (Mynumber)								Not confirmed	For administrative purposes			Present	Age C → April
	3 <input type="checkbox"/>					Relationship			Habitation	<input type="checkbox"/> Together	<input type="checkbox"/> Separate	YYYY-MM-DD (years)			
						Occupation/School (or nursery school) name, etc.									
		Personal number (Mynumber)								Not confirmed	For administrative purposes			Present	Age C → April
	4 <input type="checkbox"/>					Relationship			Habitation	<input type="checkbox"/> Together	<input type="checkbox"/> Separate	YYYY-MM-DD (years)			
						Occupation/School (or nursery school) name, etc.									
		Personal number (Mynumber)								Not confirmed	For administrative purposes			Present	Age C → April

Preferred period for use of nursery school	From (YYYY-MM-DD) <div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <input type="checkbox"/> Until enrollment in elementary school <input type="checkbox"/> Until (date) </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> For administrative purposes </div> <div style="width: 35%; text-align: right;"> YYYY-MM-DD </div> </div> <div style="display: flex; height: 150px;"> <div style="width: 15%; padding: 5px; writing-mode: vertical-rl; transform: rotate(180deg);"> Identification () License/individual number (My Number) </div> <div style="width: 85%; padding: 5px;"> Receive </div> </div>
--	--	---

◎Status of grandparents living separately from the applicant child

		Name	Address	Occupation
Parent/ guardian ①	Grand father			
	Grand mother			
Parent/ guardian ②	Grand father			
	Grand mother			

<Nursery School Eligibility and Coordination Division>		<Lifestyle-Support Division>		
Checked	Entered	Manager	Nursery manager	Interviewer

◎Status of grandparents living separately from the applicant child

Notes: *Be sure to confirm the following.

- ① 10 preferred nursery schools can be selected at maximum.
- ② Please refer to the list of locations of nursery schools, etc. on pages 54 to 67 of the Admission Guide, and be sure to confirm the code number, the number of months for starting childcare for children below age 1, and notes outside the table (whether or not the child will be promoted to a higher grade) before describing the preferred nursery school.
- ③ Please make sure that there are no omissions or errors, as the facility to be used shall be adjusted by the following check boxes and preferred order described or submitted only.
- ④ **The main nursery school, branch nursery schools, and cooperative nursery schools are all treated as separate nursery schools (not treated as the same nursery school).**
Please be careful when describing the confirmation and preferred nursery schools (including the sibling preferred nursery school combination table).
- ⑤ When applying for one child, please describe in the list of preferred nursery schools only.
When applying for two or more children, please check the appropriate boxes below and describe in the list of preferred nursery schools.
(If the applicable item is "Other," please submit the [Sibling Preferred Nursery School Combination Table].)

<Confirmation> Please check one applicable box for your preference to apply for two or more children at the same time.

Prefer <u>all children</u> to enroll in nursery schools at the same time.		Not necessary for enrolling in the nursery school at the same time (prefer to enroll even if only one child is accepted).	
<input type="checkbox"/> Prefer to enroll in the same nursery school.		* If an application is submitted during the parental leave of the applicant, the applicant has to return to work even if the applicant child's enrollment in nursery school was not provisionally accepted. (Excluding nursery school transfers (choice of a nursery school of the lower preferred order) during parental leave.)	
<input checked="" type="radio"/> Accept to enroll in different nursery schools.			
<input type="checkbox"/> Prefer to enroll in nursery schools in accordance with the preferred order.		<input type="checkbox"/> Prefer to enroll in nursery schools in accordance with the preferred order.	
<input type="checkbox"/> Prefer to enroll in the same nursery school even if preferred order is low.		<input type="checkbox"/> Prefer to enroll at the same nursery school even if preferred order is low, when all the children can enroll at the same time.	
<input type="checkbox"/> Other ⇒ Please make sure to submit the [Sibling Preferred Nursery School Combination Table]. It is not required to describe the "Preferred Nursery School List" below.		<input type="checkbox"/> Other (*Including the case where the enrollment of a particular child is preferred.) ⇒ Please make sure to submit the [Sibling Preferred Nursery School Combination Table]. It is not required to describe the "Preferred Nursery School List" below.	

<List of Preferred Nursery Schools>

Name of the applicant child ①					Name of the applicant child ②					Name of the applicant child ③				
					If the preferred nursery school is the same as the applicant child ①, please check the right box (not necessary to describe in the following columns). <input type="checkbox"/>					If the preferred nursery school is the same as the applicant child ①, please check the right box (not necessary to describe in the following columns). <input type="checkbox"/>				
Preference	Code No.	Facility			Preference	Code No.	Facility			Preference	Code No.	Facility		
1					1					1				
2					2					2				
3					3					3				
4					4					4				
5					5					5				
6					6					6				
7					7					7				
8					8					8				
9					9					9				
10					10					10				

		Parent/guardian ①		Parent/guardian ②	
Circle one which applies		Circle one which applies (Select all that apply) <input type="checkbox"/> Employed <input type="checkbox"/> Job offer <input type="checkbox"/> Self-employed <input type="checkbox"/> Seeking employment <input type="checkbox"/> Birth <input type="checkbox"/> In school <input type="checkbox"/> Absent <input type="checkbox"/> Illness <input type="checkbox"/> Disabled <input type="checkbox"/> Nursing care <input type="checkbox"/> Natural disaster <input type="checkbox"/> Other ()		Circle one which applies (Select all that apply) <input type="checkbox"/> Employed <input type="checkbox"/> Job offer <input type="checkbox"/> Self-employed <input type="checkbox"/> Seeking employment <input type="checkbox"/> Birth <input type="checkbox"/> In school <input type="checkbox"/> Absent <input type="checkbox"/> Illness <input type="checkbox"/> Disabled <input type="checkbox"/> Nursing care <input type="checkbox"/> Natural disaster <input type="checkbox"/> Other ()	
Employed/Job offer/Self-employed/In school	Name of business (School)	Describe all, if there are several applicable objects. *If the manager is a relative Relationship to the guardiz()		Describe all, if there are several applicable objects. *If the manager is a relative Relationship to the guardiz()	
Childcare leave	*Childcare leave during the enrollment "screening" (coordinate of use) refers to that based on the "Act on Child Care and Family Care Leave"				
	Intention for parental leave	<input type="checkbox"/> Prefer to return to work immediately. <input type="checkbox"/> Extension of childcare leave is acceptable if the subject child cannot enroll in the preferred nursery school, etc.		<input type="checkbox"/> Prefer to return to work immediately. <input type="checkbox"/> Extension of childcare leave is acceptable if the subject child cannot enroll in the preferred nursery school, etc.	
	* Applicants who have selected "Extension of parental leave is acceptable if the child cannot enroll in the preferred nursery school, etc." will be ranked lower in the selection order. When changing the selection to "Prefer to return to work immediately" within the application period, describe in the right column.				Prefer to return to work → immediately from the month of MM
	Applicant child leaving nursery	If applicant child leaves a nursery school, etc. before August 31, 2024, due to the acquisition of the parental leave by the applicant, describe in the following column. ◎Name of child that left () ◎Date left nursery: YYYY-MM			
Parenting hours	If taking parenting hours or shorted work hours	From YYYY-MM-DD Until YYYY-MM-DD Time: From Until (days/week)		From YYYY-MM-DD Until YYYY-MM-DD Time: From Until (days/week)	
	Number of days or hours upon acquisition (including plans)				
Birth	Is scheduled to give birth to a child other than the applicant: * Fill in details if your due date has been confirmed	* Immediately submit a "Change of Application Details/Cancellation Form" if the expected date of birth is known after the submission of the application.			
		Scheduled delivery date	YYYY-MM-DD		
		Leave before/after birth	Date:	From	Until
		Plan after birth	<input type="checkbox"/> Childcare Leave <input type="checkbox"/> Return to Work <input type="checkbox"/> Seek employi <input type="checkbox"/> Other ()		
		* Childcare leave if taken	Date:	From	Until
Absent	Date of occurrence and reason	Relationship ()	Date: From <input type="checkbox"/> Deceased <input type="checkbox"/> Divorce <input type="checkbox"/> Unmarried <input type="checkbox"/> Missing <input type="checkbox"/> Imprisoned <input type="checkbox"/> Separated pending divorce <input type="checkbox"/> Other ()		
	Person(s) living together other than guardian and child * Fill in if cohabitating with someone	Name () Relationship ()			
Illness/disability	Name of illness or disability	() Check if the above is a designated intractable disease <input type="checkbox"/> →Attach a copy of the specific medical expense recipient certificate or a doctor's certofocate. etc.		() Check if the above is a designated intractable disease <input type="checkbox"/> →Attach a copy of the specific medical expense recipient certificate or a doctor's certofocate. etc.	
	Welfare certificate (including those under application process)	<input type="checkbox"/> Physical disability certificate [] class (If applicable) Hearing impairment [] class <input type="checkbox"/> Mental disability certificate [] class <input type="checkbox"/> Intellectual disability certificate [] level		<input type="checkbox"/> Physical disability certificate [] class (If applicable) Hearing impairment [] class <input type="checkbox"/> Mental disability certificate [] class <input type="checkbox"/> Intellectual disability certificate [] level	
	Status	<input type="checkbox"/> Recovering at home <input type="checkbox"/> Out patient treatment (_times/month, __times/week) <input type="checkbox"/> Hospitalization (From date:)		<input type="checkbox"/> Recovering at home <input type="checkbox"/> Out patient treatment (_times/month, __times/week) <input type="checkbox"/> Hospitalization (From date:)	
	Name of hospital or facility				
	Nursing care	Are the guardians caring for any relatives?		<input type="checkbox"/> Yes → (Attach a declaration of care/nursing status and any necessary documents)	
Does anyone in the same household possess a Handbook for the Physically Disabled, Health and Welfare Handbook for the Mentally Disabled, or "Ai no Techo" Handbook?				<input type="checkbox"/> Yes → (copy attached)	
Are you currently receiving welfare assistance?		<input type="checkbox"/> Currently granted <input type="checkbox"/> Under application process			

©Status of child applicant [Please check applicable items and enter necessary items.]

Name of child	()	()
Current status of child care (For individuals, describe their names.)	1	_____ is taking care at home
	2	Accompanies _____ to place of employment (My child is admitted at a nursery of my workplace <input type="checkbox"/>)
	3	Is being cared for by _____. (<input type="checkbox"/> Authorized <input type="checkbox"/> Non-authorized nursery schools and other facilities <input type="checkbox"/> Private)
		Persons checked "Approved" above and their children who are enrolled in the final age class of a nursery school with an upper age limit, check the right box. <input type="checkbox"/>
	4	<2-3 above> Nursery fee Monthly amount ¥ From (date) _____ days/week Time: From _____ Until _____
Past status of childcare (Enter name of individual where applicable)	Was cared for by _____ in the past. <input type="checkbox"/> Paid <input type="checkbox"/> Free From _____ To _____ Location: _____	
Recent height and weight	(<input type="text"/>)cm (<input type="text"/>)kg · g (Date: _____)	
Status of development	• Hold up head Around (<input type="text"/>) months old · <input type="checkbox"/> Not yet • Turn over Around (<input type="text"/>) months old · <input type="checkbox"/> Not yet • Crawling Around (<input type="text"/>) months old · <input type="checkbox"/> Not yet • Began walking Around (<input type="text"/>) months old · <input type="checkbox"/> Not yet	
Has the child had any serious illnesses or injuries	Illness name (_____) Period of illness (<input type="text"/> years <input type="text"/> months)	
Does the child regularly visit a hospital or training facility, except for medical checkups?	<input type="checkbox"/> No · <input type="checkbox"/> Yes (Name of hospital _____) Illness name (_____)	
Outpatient period/frequency	From (date): _____ (<input type="text"/> times/year/month/week)	
Does the child take medicine?	<input type="checkbox"/> No · <input type="checkbox"/> Yes <input type="text"/> times/day	
Name of the medicine		
Allergies	<input type="checkbox"/> No (or unknown) · <input type="checkbox"/> Yes (describe allergies if Yes)	
Symptom, allergen (Food or medicine), etc.		
Has the child ever had seizures?	<input type="checkbox"/> No · <input type="checkbox"/> Yes (<input type="text"/> years <input type="text"/> months) Status/frequency (_____)	
Does the child possess a Handbook for the Physically Disabled or "Ai no Techo" Handbook?	<input type="checkbox"/> No · <input type="checkbox"/> Yes Physical disability certificate (<input type="text"/> class) Intellectual disability certificate (<input type="text"/> level)	
Is medical treatment required?	<input type="checkbox"/> No <input type="checkbox"/> Yes (_____)	
Describe any health or development concerns you may have upon enrollment	<input type="checkbox"/> No (or unknown) · <input type="checkbox"/> Yes (describe allergies if Yes)	

For administrative purposes (Do not write in this space)

☆Memo

Visitors [Father [Mother [Grandfather [Grandmother [Applicable children [Uncle [Aunt [Other ()]

©Confirmation of Important Matters Regarding Enrollment Application

*For more details, refer to relevant pages of the Admission Guide

The items listed below are of particular importance for applications for enrollment in nursery schools.

Please check and confirm the relevant items carefully and obtain the consent of all guardians, then check the box and sign.

		Confirmed
1. To all applicants	<ul style="list-style-type: none"> Please be sure to submit the necessary documents for the enrollment selection by the application deadline for the month of preferred enrollment in the nursery school. No submission results in being ineligible for the enrollment selection. Documents submitted after the deadline will be eligible for selection in the next round. 	<input type="checkbox"/>
	<ul style="list-style-type: none"> If changes occur after you have applied (including the status of siblings already enrolled), please submit an "Application Change/Withdrawal Notification" and required documents. For a child who has been provisionally accepted or enrolled in a nursery school without submitting the necessary documents, and/or there are any discrepancies between the provided information and the actual status, the provisional acceptance may be canceled or they may be asked to leave the nursery school. 	<input type="checkbox"/>
	<ul style="list-style-type: none"> Adjustment for the facility use shall be done assuming the work situation (plan) at the time of application will continue after enrollment. Therefore, if there is any discrepancy between the content of the work certificate submitted after the enrollment (number of working days hours, etc.) and the actual status, the child may be asked to leave the nursery school. If there are any changes, please contact the person in charge of enrollment and make the necessary notifications immediately. 	<input type="checkbox"/>
	<ul style="list-style-type: none"> Enrollment (Transfer) Application Form for Nursery Schools and Other Facilities Application for Extended Nursery Care at a Municipal Nursery School and Tamon Kindergarten are valid for a period of 6 months after submission. If there is no provisional acceptance within 6 months and the applicant still wishes to enroll his/her child, such applicant needs to apply again with the necessary documents. 	<input type="checkbox"/>
	<ul style="list-style-type: none"> If your application is successful, please participate in an interview and health examination by the end of the month prior to the enrollment. The provisional enrollment may be cancelled if your child is unable to take part in the interview and health examination or if your child is judged to be incapable of participating in group daycare as a result of the health examination. 	<input type="checkbox"/>
	<ul style="list-style-type: none"> Under certain circumstances, we may ask you to submit a medical certificate that states that the applying child is fit for group nursery care. Please note that we may share the information provided here with the applicable nursery or facility. 	<input type="checkbox"/>
	<ul style="list-style-type: none"> If the siblings of the child applying for enrollment (including children who are currently applying to transfer to another nursery school) have unpaid fees, this may be a disadvantage for selection of enrollment. 	<input type="checkbox"/>
	<ul style="list-style-type: none"> If a sibling who is already enrolled in the nursery school leaves before the applicant child enrolls, or if a sibling who is applying for enrollment at the same time as the applicant child withdraws their provisional acceptance or cancels their application, the provisional acceptance of the applicant child may be canceled or may be asked to leave the nursery school, because the status differs from that at the time of the selection. 	<input type="checkbox"/>
2. To applicants who have acquired childcare leave	<ul style="list-style-type: none"> If the applicant's child is enrolled in a nursery school, the applicant shall return to work within the month of the enrollment, regardless of whether the parent is on parental leave for the applicant child or his/her sibling (except for transferring the nursery school (to the lower preferred order) during parental leave). After returning to work, the parent must immediately submit the "Return to Work Certificate" prepared by the employer. "Returning to work" means returning to the same workplace where you were employed while on childcare leave and commencing work there. If this return to work is not confirmed, the applicant's child will be asked to leave the nursery school. In the case that the parent of the applicant child quits their job (including changing jobs) at the end of their parental leave, the provisional acceptance of the applicant child may be canceled or the child may be asked to leave the nursery school. Please be sure to consult with the person in charge of enrollment in advance. 	<input type="checkbox"/>
	<ul style="list-style-type: none"> For persons who have checked the "Extension of childcare leave is acceptable if the subject child cannot enroll in the preferred nursery school, etc." box on the third page of this application form, the selection order of such persons will be ranked lower. 	<input type="checkbox"/>
	<ul style="list-style-type: none"> Please be sure to confirm the procedures for parental leave benefits with the employer or "Hello Work". (Enrollment selection is not held in February and March in Setagaya City.) 	<input type="checkbox"/>
3. For those who have Childcare Hours/Shortened Working Hours for Childcare System at their place of employment	<ul style="list-style-type: none"> If you plan to use the "parenting hours/reduced working hours for parenting system" (including if you already use the system), and if the number of days you work per week is reduced, your application will be screened according to the number of working hours or days after the reduction. 	<input type="checkbox"/>
4. To applicants who wish to transfer	<ul style="list-style-type: none"> After submitting the application for transferring to a different nursery school and being provisionally accepted, the applicant child cannot return to the current nursery school. However, it is only possible to remain enroll in the current nursery school if there is still vacancy. 	<input type="checkbox"/>
5. Consent to provide tax information	<ul style="list-style-type: none"> I give my consent to Setagaya City to confirm the status of resident registration and resident tax by official records to calculate childcare fees and other matters, and to notify the fees based on those information to the specific educational and nursery facilities. 	<input type="checkbox"/>

*The information provided here may be used for statistical surveys of enrollment in nursery facilities.

I have confirmed 1 to 4 above and agreed with 5.

Name of Applicant Child:

Birth Date of Applicant Child: YYYY-MM-DD

* If you are applying for child siblings, please enter the name of each sibling in the "Name of applicant child" column.

Date of Signature: YYYY-MM-DD

Name of Parent / Guardian:

* Please be sure to sign by oneself.

◎ If you apply by post, please be sure to check this box as well in order to avoid failure to send documents
Checklist of Documents to be Sent for Application to Enroll in Nursery School

All Applicants	1 Documents confirming personal ID numbers (A or B) * One parent or guardian as the representative																																																					
	[A] Photocopy of Mynumber Card (both sides) [B] Photocopy of the notification card (both sides) & identification documents (★) ① One of the following, or Driver's license, Passport issued by Japan, Residence Card or Special Permanent Resident Certificate for foreigners ② Two of the following ★ Childcare Allowance Certificate, Special Childcare Allowance Certificate, Pension Book, Basic Pension Number Notification, Public Medical Insurance Certificate (Health Insurance Certificate (including Social Insurance)), Nursing Insurance Certificate, Medical Certificate for Advanced Elderly, other documents issued by government offices which show applicant's full name and date of birth or address, as well as a utility payment receipt (electricity, gas, water, telephone) etc.			<input type="checkbox"/>																																																		
	Enrollment (Transfer) Application Form for Nursery Schools and Other Facilities, and																																																					
	2 Certification Application Form for Education / Childcare Benefits (for Eligible Class 2 and 3 certification)																																																					
	All required items have been filled in (5 pages in total) * Please refer to the example of how to fill in the form shown in "Admission Guide to Nursery Services for Your Child or Children"			<input type="checkbox"/>																																																		
	[Page 2] Facility code No., age range for childcare, etc. have been confirmed.			<input type="checkbox"/>																																																		
	[Page 2] In the case of applying for more than one child at the same time, the preferred option has already been selected. (A combination table shall be attached if necessary.)			<input type="checkbox"/>																																																		
	[Page 5] The important items have been confirmed, and all applicable items have been checked and signed.			<input type="checkbox"/>																																																		
	3 Documents confirming requirements (documents to prove the applicant's need for childcare)																																																					
	<table border="1"> <thead> <tr> <th colspan="2">Requirements</th> <th>Required documents * Documents for each guardian are required.</th> <th>Guardian ①</th> <th>Guardian ②</th> </tr> </thead> <tbody> <tr> <td rowspan="3">Working</td> <td>Employment</td> <td>Work Certificate</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td rowspan="2">Self-employed</td> <td>(1) Work Certificate</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>(2) Objective documents related to applicant's employment * These are also required in the case of a company owner, a sole proprietor, as well as an employee of a business run by a relative within the third degree of kinship to the guardian.</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Childbirth</td> <td></td> <td>Photocopy of Child Health Handbook</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Illness</td> <td></td> <td>Medical certificates prepared by doctors</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Disabled</td> <td></td> <td>Photocopy of Physical Disability Handbook</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td rowspan="2">Nursery care</td> <td></td> <td>(1) Declaration of nursing care status</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>(2) Attached documents regarding nursing care (Photocopies of doctor's certificates, physical disability handbook, etc.)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Schooling</td> <td></td> <td>Certificate of School Enrollment (Plan)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Seeking employ</td> <td></td> <td>Employment Guarantee Certificate</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				Requirements		Required documents * Documents for each guardian are required.	Guardian ①	Guardian ②	Working	Employment	Work Certificate	<input type="checkbox"/>	<input type="checkbox"/>	Self-employed	(1) Work Certificate	<input type="checkbox"/>	<input type="checkbox"/>	(2) Objective documents related to applicant's employment * These are also required in the case of a company owner, a sole proprietor, as well as an employee of a business run by a relative within the third degree of kinship to the guardian.	<input type="checkbox"/>	<input type="checkbox"/>	Childbirth		Photocopy of Child Health Handbook	<input type="checkbox"/>	<input type="checkbox"/>	Illness		Medical certificates prepared by doctors	<input type="checkbox"/>	<input type="checkbox"/>	Disabled		Photocopy of Physical Disability Handbook	<input type="checkbox"/>	<input type="checkbox"/>	Nursery care		(1) Declaration of nursing care status	<input type="checkbox"/>	<input type="checkbox"/>		(2) Attached documents regarding nursing care (Photocopies of doctor's certificates, physical disability handbook, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Schooling		Certificate of School Enrollment (Plan)	<input type="checkbox"/>	<input type="checkbox"/>	Seeking employ		Employment Guarantee Certificate	<input type="checkbox"/>
Requirements		Required documents * Documents for each guardian are required.	Guardian ①	Guardian ②																																																		
Working	Employment	Work Certificate	<input type="checkbox"/>	<input type="checkbox"/>																																																		
	Self-employed	(1) Work Certificate	<input type="checkbox"/>	<input type="checkbox"/>																																																		
		(2) Objective documents related to applicant's employment * These are also required in the case of a company owner, a sole proprietor, as well as an employee of a business run by a relative within the third degree of kinship to the guardian.	<input type="checkbox"/>	<input type="checkbox"/>																																																		
Childbirth		Photocopy of Child Health Handbook	<input type="checkbox"/>	<input type="checkbox"/>																																																		
Illness		Medical certificates prepared by doctors	<input type="checkbox"/>	<input type="checkbox"/>																																																		
Disabled		Photocopy of Physical Disability Handbook	<input type="checkbox"/>	<input type="checkbox"/>																																																		
Nursery care		(1) Declaration of nursing care status	<input type="checkbox"/>	<input type="checkbox"/>																																																		
		(2) Attached documents regarding nursing care (Photocopies of doctor's certificates, physical disability handbook, etc.)	<input type="checkbox"/>	<input type="checkbox"/>																																																		
Schooling		Certificate of School Enrollment (Plan)	<input type="checkbox"/>	<input type="checkbox"/>																																																		
Seeking employ		Employment Guarantee Certificate	<input type="checkbox"/>	<input type="checkbox"/>																																																		
Applicable applicants only	Application form for extended childcare at municipal nursery schools, etc. *For Setagaya city residents wishing to use the monthly extended childcare service at a municipal nursery school			<input type="checkbox"/>																																																		
	Combination Table for Siblings and Preferred Nursery Schools * In the case that applicants prefer conditions other than those listed on the second page of the application form			<input type="checkbox"/>																																																		
	Certificate of Acceptance * Applicants currently leaving their children at unauthorized childcare facilities, etc. (multiple facilities possible)			<input type="checkbox"/>																																																		
	Tax documents for determining child care fees * Required for applicants who were not registered as residents of Setagaya City as of January 1 of the previous year (for applications submitted between September and December, January 1 of the current year)			<input type="checkbox"/>																																																		
	Others ()			<input type="checkbox"/>																																																		
Applicants from outside the city	Identification documents (all persons listed in the family status on page 1 of the application form)			<input type="checkbox"/>																																																		
	Statement of reasons for moving to Setagaya City			<input type="checkbox"/>																																																		
	Documents proving applicants' move to Setagaya City (any of the followings)			<input type="checkbox"/>																																																		
	Photocopy of the contract for purchase and sale of a house																																																					
	Photocopy of a house lease agreement																																																					
Statement of the intention to live together																																																						