

Request for Childcare Fees [Reimbursement]

施設等利用費請求書 (償還払い)

[For request amount of the fees from 2025 / 04 to 2025 / 06 ]

Date: **2025 / 07 / 15**

To the Mayor of Misato City:

In accordance with the Child Welfare Act, article 30-11 section 1, I hereby request for the benefit regarding childcare fees as below. Please make a bank transfer to the designated account for reimbursement.

Additionally, I agree to the matters below upon examining my user's fees for childcare services:

1. That Misato City confirm that both the applicant and the child to be certified reside in Misato City in the Basic Resident Register.
2. Misato City confirm with the subject institution that the applicant is actually using it.
3. Misato City check with the subject institution the status of the applicant's payment for using it.
4. Misato City check the tax status of the applicant's household.

1. Guardian [Applicant] who is approved on the necessity of using childcare service:

|          |                     |                                     |               |                 |                                    |
|----------|---------------------|-------------------------------------|---------------|-----------------|------------------------------------|
| Furigana | <b>ミサト タロウ</b>      | Relations hip to the approved child | <b>Father</b> | Date of birth   | <b>1980 / 05 / 01</b>              |
| Name     | <b>MISATO, Taro</b> | <b>三郷</b>                           |               | Current address | <b>648-1 Hanawada, Misato City</b> |

It is ten-digit significant digits at the most indicated in the section 'Approved child' of 'Notice of the Approval on the necessity of using childcare institution'.

2. Child who received an approval [approved child] (Please apply per approved child.)

|  |  |                 |                     |
|--|--|-----------------|---------------------|
| Types of approval under the Act article 30-4   | <input checked="" type="checkbox"/> Category 2<br><input type="checkbox"/> Category 3  | Approval Number | <b>567890</b>       |
| Date of birth  | <b>2019 / 09 / 01</b>  | Furigana        | <b>ミサト ジロウ</b>      |
| Address from April 1, 2024 to June 30, 2024  | <input checked="" type="checkbox"/> Same as the current address<br><input type="checkbox"/> Moved in<br><input type="checkbox"/> Moved out | Name            | <b>MISATO, Jiro</b> |
| If you moved in or moved out during the above period, please fill in the date of it. |  |                 | YYYY / MM / DD      |

3. Enter the information about the institution where your child is enrolled.

|   |  |  |            |
|---|--|--|------------|
| Furigana  | <b>ハナワダ ヨウチエン</b>  | Location   | <b>〒 -</b> |
| Institution name  | <b>Hanawada Yochien</b>  | (Fill in if it is located outside of Misato City.) | Phone:     |
| Enrollment status from April 1, 2024 to June 30, 2024   | <input checked="" type="checkbox"/> Enrolled during the above period<br><input type="checkbox"/> Enrolled in the middle of the period<br><input type="checkbox"/> Withdrew in the middle of the period |  |            |
| If your child was enrolled or withdrew in the midst of the above period, please fill in the date. | YYYY / MM / DD   |  |            |

Please also fill out the reverse side. Make sure to attach your 'Receipt(s) and Proof of using childcare service'.

If you received the benefits before and wish to designate the same bank account, please check the box.  
(In this case, you do not need to fill in the section about account information below.)

4. Please fill in the account information to which the reimbursement should be transferred.

If it is the bank account same as before, check the box with ☒. ⇒ ☐

| Financial institution name                            |  | Type of deposit <input checked="" type="checkbox"/> | <input type="checkbox"/> Ordinary savings account<br><input type="checkbox"/> Checking account |   |   |   |   |   |
|---|--|---|--|---|---|---|---|---|
| <b>Misato-shi</b><br>Bank Shinkin<br>JA/ Credit union | <b>Hanawada</b><br>Branch/<br>Sub branch | Account number                                      | 1  | 1 | 1 | 1 | 1 | 1 |
|   |  | Account holder's name                               | ミサト タロウ  |   |   |   |   |   |

\*When you designate a new transfer account, please attach a document showing the 'Branch name (for JP Bank, branch name or number)', 'Account number', and 'Account holder's name'.

If you prefer to designate Yucho [JP] Bank, please enter the three-digit Branch number/ branch name on the passbook.

5. Please fill in this form if you are eligible to receive reimbursement of the user's fees at non-licensed child care institution other than the Extra childcare fees at the institution where your child is enrolled.

|   |                                     |                      |          |   |
|---|-------------------------------------|----------------------|----------|---|
| ① | Furigana                            | ハナワダ ホイクシツ           | Location | 〒 341-〇△□                                       |
|   | Institution/ service providers name | Hanawada Hoikushitsu |          | 〇△□ Hanawada, Misato City<br>Phone: 111-111-111 |
| ② | Furigana                            |                      | Location | 〒<br>Phone:                                     |
|   | Institution/ service providers name |                      |          |   |
| ③ | Furigana                            |                      | Location | 〒<br>Phone:                                     |
|   | Institution/ service providers name |                      |          |   |
| ④ | Furigana                            |                      | Location | 〒<br>Phone:                                     |
|   | Institution/ service providers name |                      |          |   |

You may be eligible for the benefits of non-licensed child care institution in addition to the Extra childcare service of the kindergarten (except in case where the kindergarten provides childcare services for 8 hours or more on weekdays and 200 days or more a year).

\*Some institutions may not be eligible for the free of charge system. Please inquire with the institution you are using or the municipal office where the institution is located.

6. Fill in the details of reimbursement of Extra childcare program at your child's institution and non-licensed child care institution.

| Date of use   | Extra childcare program at institution where the child is enrolled |                     |  |  | Amount paid to non-licensed child care institution (d) | Request amount (Enter the lesser amount of 'c + d' and the monthly maximum amount) |
|---------------|--|---------------------|--|--|--|--|
|               | Amount paid to the institution (a)                                 | Number of days used | Eligible amount (b)<br>450×Number of days used | Enter the lesser amount (c) of a or b. |  |  |
| April in 2024 | 10,000 円 yen   | 10 day(s)           | 4,500 yen                                      | 4,500 yen                              | 0 yen  | 4,500 yen  |
| May in 2024   | 10,000 円 yen   | 20 day(s)           | 9,000 yen                                      | 9,000 yen                              | 0 yen  | 9,000 yen  |
| June in 2024  | 10,000 円 yen   | 10 day(s)           | 4,500 yen                                      | 4,500 yen                              | 20,000 yen   | 11,300 yen   |

Since the unit rate per day is not specified for non-licensed child care institutions, the benefit is limited to the difference of '11,300 yen - (C) = '.