

対象施設等基準適合審査申請書 付表(現員の内訳書)

(年 月 日時点)

| NO. ※1 | 幼児の 在住市町村 | 3歳以上の在籍幼児 ※3 | | | | 保 護 者 | | | 無償化対象 の有無 ※4 | | | |
|-----------|--------------|--------------|----|----|----|-------|------|----|-----------------|----|----|-----|
| | | 歳児クラス ※2 | | | 氏名 | フリガナ | 生年月日 | 氏名 | フリガナ | 住所 | 対象 | 対象外 |
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| 小 計 | 市計 | | | | | | | | | | | |
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| 合 計 | | | | | | | | | | | | |

※1 内訳書の順は、「幼児の在住市町村」毎に、歳児クラス毎の幼児名(カナ)の五十音順に記入してください。

※2 「歳児クラス」欄は、該当するクラスに○印を記入してください。

※3 対象施設等に概ね、1日4時間以上8時間未満、週5日以上、年間39週以上利用する幼児のみ記載すること。

※4 「無償化対象の有無」欄は、幼児の保護者が子育てのための施設等利用給付を受給している場合は「対象」欄に○、受給していない場合は「対象外」欄に○を記入してください。