

For FY2024

Chiba City Extra-curricular Education Voucher Program (Children's Future Support Coupons) Subsidy

Date (YYYY/MM/DD): _____

Addressed to: Mayor of Chiba City

I agree to the following items and wish to apply for the Voucher Program (Children's Future Support Coupons) Subsidy.

- (1) If it is found that you were accepted for the coupon subsidy using false statements, received the coupon via improper methods such as falsification, duplication, system failure, or if you used the coupon via any other wrongful acts, you will be required to return the coupon and any monetary amount you used via the coupon back to Chiba City.
- (2) You must promptly report if there is any change to the information submitted on this application.
- (3) When determining your eligibility for the subsidy, Chiba City will use any necessary information it holds such as residence information listed in your Basic Resident Register (includes information of persons in the applicant's household (as well as persons living in the same address, even if they are listed as separate households on the Basic Resident Register)), your welfare and Child Support Allowance receival status, and any other necessary information. The other members of your household also agree to this.
- (4) Chiba City (the Child and Domestic Affairs Support Division and the Social Support Services Division of the ward you live in), the businesses entrusted by the city, and child navigators* will handle your personal information and personal information regarding the user's attendance at the tutoring school/service that is held by the participating business, and, if necessary, verify the usage status of the coupon with the applicant and the user.
*Support staff that work to improve children's lifestyle habits and introduce them to support institutions.
- (5) Chiba City does not guarantee the content, safety, quality, etc., of the extra-curricular education services provided by the participating businesses. The city and the companies entrusted by the city will not take any responsibility should, by some chance, damages occur to the applicant, the user, or any other related party as a result of an accident from using the services.

Applicant (Guardian)	Furigana				
	Name	*Please put your seal if you are not signing your own name.	Phone #	Home	— —
			Cell	— —	
	Date of Birth				
	Address	〒 —			
	Email Address	@			
	Programs in Use (place a check in any programs you are using)		<input type="checkbox"/> Social Welfare		<input type="checkbox"/> Child Support Allowance (full payments)
We will, in general, distribute electronic coupons that can be used on smartphones or other similar devices. Do you own a device that can connect to the internet, such as a smartphone or computer? Please select one of the following.					
<input type="checkbox"/> Yes		<input type="checkbox"/> No		*Even if you do not own one, there are still other methods to use the coupons.	

User	Furigana			Date of Birth	
	Name				
	Address	〒 —		Do they live with the above applicant (guardian)? <input type="checkbox"/> Yes (leave blank) <input type="checkbox"/> No (write address below)	
	School Name	Elementary School	School Year	<input type="checkbox"/> Fifth <input type="checkbox"/> Sixth	

Where the coupon will be used

Please write the details of the tutoring school or other service you wish to use.

If your desired tutoring school or service is not registered, the city will make a request to have it registered.

* If you do not have a specific tutoring school or service that you wish to attend, you may leave the section blank.

* Please understand that it may take time to complete the registration, or the request for registration may not be granted.

Location	Name of Class, etc.			
	Usage History	<input type="checkbox"/> I am attending it now (I am using the service)	<input type="checkbox"/> I want to start attending it (I want to start using the service)	Phone Number